

Fill in this information to identify your case:

United States Bankruptcy Court for the:

NORTHERN DISTRICT OF INDIANA

Case number (if known)

Chapter you are filing under:

Chapter 7
 Chapter 11
 Chapter 12
 Chapter 13

Check if this an
amended filing

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, “Do you own a car,” the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Identify Yourself

About Debtor 1:

1. Your full name

Write the name that is on your government-issued picture identification (for example, your driver's license or passport).

Bring your picture identification to your meeting with the trustee.

Luis

First name

Amado

Middle name

Medina

Last name and Suffix (Sr., Jr., II, III)

About Debtor 2 (Spouse Only in a Joint Case):

Olga

First name

T

Middle name

Medina

Last name and Suffix (Sr., Jr., II, III)

2. All other names you have used in the last 8 years

Include your married or maiden names.

FKA Olga T. Doukas

3. Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)

xxx-xx-4126**xxx-xx-0843**

Debtor 1 **Luis Amado Medina**
Debtor 2 **Olga T Medina**

Case number (if known) _____

About Debtor 1:**4. Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years** I have not used any business name or EINs.Include trade names and *doing business as* names

Business name(s) _____

EINs _____

About Debtor 2 (Spouse Only in a Joint Case): I have not used any business name or EINs.

Business name(s) _____

EINs _____

5. Where you live**940 Cypress Point Drive, Bldg D 102
Crown Point, IN 46307**

Number, Street, City, State & ZIP Code _____

Lake

County _____

If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.

Number, P.O. Box, Street, City, State & ZIP Code _____

If Debtor 2 lives at a different address:

Number, Street, City, State & ZIP Code _____

County _____

If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.

Number, P.O. Box, Street, City, State & ZIP Code _____

6. Why you are choosing this district to file for bankruptcy**Check one:**

- Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.
- I have another reason. Explain. (See 28 U.S.C. § 1408.)

Check one:

- Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.
- I have another reason. Explain. (See 28 U.S.C. § 1408.)

Debtor 1 Luis Amado Medina
Debtor 2 Olga T Medina

Case number (if known) _____

Part 2: Tell the Court About Your Bankruptcy Case

7. The chapter of the Bankruptcy Code you are choosing to file under *Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)). Also, go to the top of page 1 and check the appropriate box.*

Chapter 7
 Chapter 11
 Chapter 12
 Chapter 13

8. How you will pay the fee *■ I will pay the entire fee when I file my petition. Please check with the clerk's office in your local court for more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address.*

I need to pay the fee in installments. If you choose this option, sign and attach the *Application for Individuals to Pay The Filing Fee in Installments* (Official Form 103A).

I request that my fee be waived (You may request this option only if you are filing for Chapter 7. By law, a judge may, but is not required to, waive your fee, and may do so only if your income is less than 150% of the official poverty line that applies to your family size and you are unable to pay the fee in installments). If you choose this option, you must fill out the *Application to Have the Chapter 7 Filing Fee Waived* (Official Form 103B) and file it with your petition.

9. Have you filed for bankruptcy within the last 8 years? No.
 Yes.

District _____ When _____ Case number _____
 District _____ When _____ Case number _____
 District _____ When _____ Case number _____

10. Are any bankruptcy cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate? No
 Yes.

Debtor _____ Relationship to you _____
 District _____ When _____ Case number, if known _____
 Debtor _____ Relationship to you _____
 District _____ When _____ Case number, if known _____

11. Do you rent your residence? No. Go to line 12.
 Yes. Has your landlord obtained an eviction judgment against you?
 No. Go to line 12.
 Yes. Fill out *Initial Statement About an Eviction Judgment Against You* (Form 101A) and file it as part of this bankruptcy petition.

Debtor 1 **Luis Amado Medina**
Debtor 2 **Olga T Medina**

Case number (if known) _____

Part 3: Report About Any Businesses You Own as a Sole Proprietor**12. Are you a sole proprietor of any full- or part-time business?** No. Go to Part 4. Yes. Name and location of business

A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.

If you have more than one sole proprietorship, use a separate sheet and attach it to this petition.

Name of business, if any _____

Number, Street, City, State & ZIP Code _____

Check the appropriate box to describe your business:

Health Care Business (as defined in 11 U.S.C. § 101(27A))
 Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
 Stockbroker (as defined in 11 U.S.C. § 101(53A))
 Commodity Broker (as defined in 11 U.S.C. § 101(6))
 None of the above

13. Are you filing under Chapter 11 of the Bankruptcy Code and are you a *small business debtor*?

For a definition of *small business debtor*, see 11 U.S.C. § 101(51D).

If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. 1116(1)(B).

 No. I am not filing under Chapter 11. No. I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy Code. Yes. I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code.**Part 4: Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention****14. Do you own or have any property that poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety? Or do you own any property that needs immediate attention?**

For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?

 No. Yes.

What is the hazard? _____

If immediate attention is needed, why is it needed? _____

Where is the property? _____

Number, Street, City, State & Zip Code _____

Debtor 1 Luis Amado Medina
Debtor 2 Olga T Medina

Case number (if known)

Part 5: Explain Your Efforts to Receive a Briefing About Credit Counseling

15. Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit counseling because of:

Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit counseling because of:

Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Debtor 1 **Luis Amado Medina**
Debtor 2 **Olga T Medina**

Case number (if known) _____

Part 6: Answer These Questions for Reporting Purposes

16. What kind of debts do you have?	16a. Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."		
	<input type="checkbox"/> No. Go to line 16b.		
	<input checked="" type="checkbox"/> Yes. Go to line 17.		
16b. Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment.			
	<input type="checkbox"/> No. Go to line 16c.		
	<input type="checkbox"/> Yes. Go to line 17.		
16c. State the type of debts you owe that are not consumer debts or business debts			
<hr/>			
17. Are you filing under Chapter 7?	<input type="checkbox"/> No. I am not filing under Chapter 7. Go to line 18.		
Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors?	<input checked="" type="checkbox"/> Yes. I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available to distribute to unsecured creditors?		
	<input checked="" type="checkbox"/> No		
	<input type="checkbox"/> Yes		
18. How many Creditors do you estimate that you owe?	<input type="checkbox"/> 1-49 <input type="checkbox"/> 50-99 <input checked="" type="checkbox"/> 100-199 <input type="checkbox"/> 200-999	<input type="checkbox"/> 1,000-5,000 <input type="checkbox"/> 5,001-10,000 <input type="checkbox"/> 10,001-25,000	<input type="checkbox"/> 25,001-50,000 <input type="checkbox"/> 50,001-100,000 <input type="checkbox"/> More than 100,000
19. How much do you estimate your assets to be worth?	<input checked="" type="checkbox"/> \$0 - \$50,000 <input type="checkbox"/> \$50,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$500,000 <input type="checkbox"/> \$500,001 - \$1 million	<input type="checkbox"/> \$1,000,001 - \$10 million <input type="checkbox"/> \$10,000,001 - \$50 million <input type="checkbox"/> \$50,000,001 - \$100 million <input type="checkbox"/> \$100,000,001 - \$500 million	<input type="checkbox"/> \$500,000,001 - \$1 billion <input type="checkbox"/> \$1,000,000,001 - \$10 billion <input type="checkbox"/> \$10,000,000,001 - \$50 billion <input type="checkbox"/> More than \$50 billion
20. How much do you estimate your liabilities to be?	<input type="checkbox"/> \$0 - \$50,000 <input type="checkbox"/> \$50,001 - \$100,000 <input checked="" type="checkbox"/> \$100,001 - \$500,000 <input type="checkbox"/> \$500,001 - \$1 million	<input type="checkbox"/> \$1,000,001 - \$10 million <input type="checkbox"/> \$10,000,001 - \$50 million <input type="checkbox"/> \$50,000,001 - \$100 million <input type="checkbox"/> \$100,000,001 - \$500 million	<input type="checkbox"/> \$500,000,001 - \$1 billion <input type="checkbox"/> \$1,000,000,001 - \$10 billion <input type="checkbox"/> \$10,000,000,001 - \$50 billion <input type="checkbox"/> More than \$50 billion

Part 7: Sign Below

For you I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct.

If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7.

If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

/s/ Luis Amado Medina**Luis Amado Medina**

Signature of Debtor 1

/s/ Olga T Medina**Olga T Medina**

Signature of Debtor 2

Executed on March 6, 2019
MM / DD / YYYYExecuted on March 6, 2019
MM / DD / YYYY

Debtor 1 **Luis Amado Medina**
Debtor 2 **Olga T Medina**

Case number (if known) _____

For your attorney, if you are represented by one

I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

/s/ Daniel W. Matern

Signature of Attorney for Debtor

Date

March 6, 2019

MM / DD / YYYY

Daniel W. Matern 18784-64

Printed name

Law Offices of Moseley & Martinez, LLC

Firm name

1559 E. 85th Ave.**Merrillville, IN 46410**

Number, Street, City, State & ZIP Code

Contact phone **219-472-8391**

Email address

office@mm-bklaw.com**18784-64 IN**

Bar number & State

Fill in this information to identify your case:

Debtor 1	Luis Amado Medina		
	First Name	Middle Name	Last Name
Debtor 2	Olga T Medina		
(Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	NORTHERN DISTRICT OF INDIANA		
Case number (if known)			

Check if this is an amended filing

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

Part 1: Summarize Your Assets

		Your assets Value of what you own
1.	Schedule A/B: Property (Official Form 106A/B)	\$ 0.00
1a.	Copy line 55, Total real estate, from Schedule A/B.....	\$ 0.00
1b.	Copy line 62, Total personal property, from Schedule A/B.....	\$ 26,870.00
1c.	Copy line 63, Total of all property on Schedule A/B.....	\$ 26,870.00

Part 2: Summarize Your Liabilities

		Your liabilities Amount you owe
2.	Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)	\$ 35,875.00
2a.	Copy the total you listed in Column A, <i>Amount of claim</i> , at the bottom of the last page of Part 1 of Schedule D...	\$ 35,875.00
3.	Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F)	\$ 27,217.00
3a.	Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F.....	\$ 27,217.00
3b.	Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F.....	\$ 104,237.14
		Your total liabilities \$ 167,329.14

Part 3: Summarize Your Income and Expenses

4.	Schedule I: Your Income (Official Form 106I)	\$ 3,788.11
	Copy your combined monthly income from line 12 of Schedule I.....	\$ 3,788.11
5.	Schedule J: Your Expenses (Official Form 106J)	\$ 4,018.60
	Copy your monthly expenses from line 22c of Schedule J.....	\$ 4,018.60

Part 4: Answer These Questions for Administrative and Statistical Records

- Are you filing for bankruptcy under Chapters 7, 11, or 13?

No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

Yes
- What kind of debt do you have?

Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

Debtor 1 **Luis Amado Medina**
Debtor 2 **Olga T Medina**

Case number (if known) _____

8. **From the Statement of Your Current Monthly Income:** Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.\$ 4,120.729. **Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:**

From Part 4 on Schedule E/F, copy the following:	Total claim
9a. Domestic support obligations (Copy line 6a.)	\$ <u>14,217.00</u>
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$ <u>13,000.00</u>
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$ <u>0.00</u>
9d. Student loans. (Copy line 6f.)	\$ <u>17,097.00</u>
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$ <u>0.00</u>
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$ <u>0.00</u>
9g. Total. Add lines 9a through 9f.	\$ <u>44,314.00</u>

Fill in this information to identify your case and this filing:

Debtor 1	Luis Amado Medina		
	First Name	Middle Name	Last Name
Debtor 2	Olga T Medina		
(Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: NORTHERN DISTRICT OF INDIANA			
Case number			<input type="checkbox"/> Check if this is an amended filing

Official Form 106A/B**Schedule A/B: Property**

12/15

In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In**1. Do you own or have any legal or equitable interest in any residence, building, land, or similar property?**

No. Go to Part 2.
 Yes. Where is the property?

Part 2: Describe Your Vehicles

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on *Schedule G: Executory Contracts and Unexpired Leases*.

3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles

No
 Yes

3.1 Make: **GMC**
 Model: **Acadia**
 Year: **2015**
 Approximate mileage: **138,000**
 Other information:

**Location: 940 Cypress Point
 Drive, Bldg D 102, Crown Point
 IN 46307**

Who has an interest in the property? Check one

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another

Check if this is community property
 (see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property? Current value of the portion you own?

\$14,000.00 \$14,000.00

3.2 Make: **Chevrolet**
 Model: **Impala**
 Year: **2014**
 Approximate mileage: **135,000**
 Other information:

**Location: 940 Cypress Point
 Drive, Bldg D 102, Crown Point
 IN 46307**

Who has an interest in the property? Check one

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another

Check if this is community property
 (see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property? Current value of the portion you own?

\$9,500.00 \$9,500.00

4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories

Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories

No
 Yes

Debtor 1 Luis Amado Medina
Debtor 2 Olga T Medina

Case number (if known) _____

5 Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for pages you have attached for Part 2. Write that number here.....=>

\$23,500.00

Part 3: Describe Your Personal and Household Items

Do you own or have any legal or equitable interest in any of the following items?

Current value of the portion you own?
Do not deduct secured claims or exemptions.**6. Household goods and furnishings**

Examples: Major appliances, furniture, linens, china, kitchenware

 No Yes. Describe.....**Various household goods & furnishings (appliances, furniture, utensils, kitchenware, etc.)****Location: 940 Cypress Point Drive, Bldg D 102, Crown Point IN 46307****\$1,500.00****7. Electronics**

Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games

 No Yes. Describe.....**Two televisions, Desktop computer with printer, Three smart phones subject to contract with Sprint, Vacuum cleaner, Lamps, etc.****Location: 940 Cypress Point Drive, Bldg D 102, Crown Point IN 46307****\$600.00****8. Collectibles of value**

Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles

 No Yes. Describe.....**Various books, Family pictures, Holiday decorations, etc.****Location: 940 Cypress Point Drive, Bldg D 102, Crown Point IN 46307****\$50.00****9. Equipment for sports and hobbies**

Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments

 No Yes. Describe.....**Bicycle****Location: 940 Cypress Point Drive, Bldg D 102, Crown Point IN 46307****\$20.00****10. Firearms**

Examples: Pistols, rifles, shotguns, ammunition, and related equipment

 No Yes. Describe.....**11. Clothes**

Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories

 No Yes. Describe.....

Debtor 1 Luis Amado Medina
Debtor 2 Olga T Medina

Case number (if known) _____

Personal used clothing, footwear & outerwear
Location: 940 Cypress Point Drive, Bldg D 102, Crown Point IN
46307

\$300.00**12. Jewelry***Examples:* Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver No Yes. Describe.....

Costume jewelry, wedding rings, etc.
Location: 940 Cypress Point Drive, Bldg D 102, Crown Point IN
46307

\$900.00**13. Non-farm animals***Examples:* Dogs, cats, birds, horses No Yes. Describe.....**14. Any other personal and household items you did not already list, including any health aids you did not list** No Yes. Give specific information.....

15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached for Part 3. Write that number here

\$3,370.00**Part 4: Describe Your Financial Assets**

Do you own or have any legal or equitable interest in any of the following?

Current value of the portion you own?

Do not deduct secured claims or exemptions.

16. Cash*Examples:* Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition No Yes.....**17. Deposits of money***Examples:* Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each. No Yes.....

Institution name:

17.1. Checking

Checking Account with: Chase Bank

\$0.00**18. Bonds, mutual funds, or publicly traded stocks***Examples:* Bond funds, investment accounts with brokerage firms, money market accounts No Yes.....

Institution or issuer name:

19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture No Yes. Give specific information about them.....

Name of entity:

% of ownership:

20. Government and corporate bonds and other negotiable and non-negotiable instruments*Negotiable instruments* include personal checks, cashiers' checks, promissory notes, and money orders.*Non-negotiable instruments* are those you cannot transfer to someone by signing or delivering them.

Debtor 1 Luis Amado Medina
Debtor 2 Olga T Medina

Case number (if known) _____

 No Yes. Give specific information about them
Issuer name: _____**21. Retirement or pension accounts***Examples:* Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans No Yes. List each account separately.

Type of account: _____

Institution name: _____

22. Security deposits and prepayments

Your share of all unused deposits you have made so that you may continue service or use from a company

Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others No Yes.

Institution name or individual: _____

23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years) No Yes..... Issuer name and description. _____**24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program.**

26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1).

 No Yes..... Institution name and description. Separately file the records of any interests. 11 U.S.C. § 521(c): _____**25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit** No Yes. Give specific information about them....**26. Patents, copyrights, trademarks, trade secrets, and other intellectual property***Examples:* Internet domain names, websites, proceeds from royalties and licensing agreements No Yes. Give specific information about them....**27. Licenses, franchises, and other general intangibles***Examples:* Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses No Yes. Give specific information about them....**Money or property owed to you?****Current value of the portion you own?**
Do not deduct secured claims or exemptions.**28. Tax refunds owed to you** No Yes. Give specific information about them, including whether you already filed the returns and the tax years.....**State & Federal Income Tax Refunds for current year and all prior years****Federal, State and Local****Unknown****Earned Income Credit portion of State & Federal Income Tax Refunds for current year and all prior years****Federal****Unknown****29. Family support***Examples:* Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement No Yes. Give specific information.....

Debtor 1 Luis Amado Medina
Debtor 2 Olga T Medina

Case number (if known) _____

30. Other amounts someone owes you

Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else

No
 Yes. Give specific information..

75% of Debtor(s)' Earned but Unpaid Wages in Chapter 7 Bankruptcy Cases only.

Note: For exemption purposes only. Debtor does not currently believe that s/he has Earned but unpaid wages.

Unknown

31. Interests in insurance policies

Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance

No
 Yes. Name the insurance company of each policy and list its value.

Company name:

Beneficiary:

Surrender or refund value:

32. Any interest in property that is due you from someone who has died

If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died.

No
 Yes. Give specific information..

33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment

Examples: Accidents, employment disputes, insurance claims, or rights to sue

No
 Yes. Describe each claim.....

34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims

No
 Yes. Describe each claim.....

35. Any financial assets you did not already list

No
 Yes. Give specific information..

36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached for Part 4. Write that number here.....

\$0.00

Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1.

37. Do you own or have any legal or equitable interest in any business-related property?

No. Go to Part 6.
 Yes. Go to line 38.

Part 6: Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In.
If you own or have an interest in farmland, list it in Part 1.

46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property?

No. Go to Part 7.
 Yes. Go to line 47.

Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above

Debtor 1 Luis Amado Medina
Debtor 2 Olga T Medina

Case number (if known) _____

53. Do you have other property of any kind you did not already list?

Examples: Season tickets, country club membership

 No Yes. Give specific information.....

54. Add the dollar value of all of your entries from Part 7. Write that number here

\$0.00

Part 8: List the Totals of Each Part of this Form

55. Part 1: Total real estate, line 2	\$0.00
56. Part 2: Total vehicles, line 5	\$23,500.00
57. Part 3: Total personal and household items, line 15	\$3,370.00
58. Part 4: Total financial assets, line 36	\$0.00
59. Part 5: Total business-related property, line 45	\$0.00
60. Part 6: Total farm- and fishing-related property, line 52	\$0.00
61. Part 7: Total other property not listed, line 54	\$0.00
62. Total personal property. Add lines 56 through 61...	\$26,870.00
	Copy personal property total
63. Total of all property on Schedule A/B. Add line 55 + line 62	\$26,870.00

Fill in this information to identify your case:

Debtor 1	Luis Amado Medina		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse if, filing)	Olga T Medina		
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	NORTHERN DISTRICT OF INDIANA		
Case number (if known)			

Check if this is an amended filing

Official Form 106C

Schedule C: The Property You Claim as Exempt

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Part 1: Identify the Property You Claim as Exempt

1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.

You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)

You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2. For any property you list on *Schedule A/B* that you claim as exempt, fill in the information below.

Brief description of the property and line on <i>Schedule A/B</i> that lists this property	Current value of the portion you own	Amount of the exemption you claim	Specific laws that allow exemption
	Copy the value from <i>Schedule A/B</i>	Check only one box for each exemption.	
Various household goods & furnishings (appliances, furniture, utensils, kitchenware, etc.) Location: 940 Cypress Point Drive, Bldg D 102, Crown Point IN 46307 Line from <i>Schedule A/B</i>: 6.1	\$1,500.00	<input checked="" type="checkbox"/> \$1,500.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Ind. Code § 34-55-10-2(c)(2)
Two televisions, Desktop computer with printer, Three smart phones subject to contract with Sprint, Vacuum cleaner, Lamps, etc. Location: 940 Cypress Point Drive, Bldg D 102, Crown Point IN 46307 Line from <i>Schedule A/B</i>: 7.1	\$600.00	<input checked="" type="checkbox"/> \$600.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Ind. Code § 34-55-10-2(c)(2)
Various books, Family pictures, Holiday decorations, etc. Location: 940 Cypress Point Drive, Bldg D 102, Crown Point IN 46307 Line from <i>Schedule A/B</i>: 8.1	\$50.00	<input checked="" type="checkbox"/> \$50.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Ind. Code § 34-55-10-2(c)(2)
Bicycle Location: 940 Cypress Point Drive, Bldg D 102, Crown Point IN 46307 Line from <i>Schedule A/B</i>: 9.1	\$20.00	<input checked="" type="checkbox"/> \$20.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Ind. Code § 34-55-10-2(c)(2)

Debtor 1 Luis Amado Medina
Debtor 2 Olga T Medina

Case number (if known)

Brief description of the property and line on <i>Schedule A/B</i> that lists this property	Current value of the portion you own Copy the value from <i>Schedule A/B</i>	Amount of the exemption you claim <i>Check only one box for each exemption.</i>	Specific laws that allow exemption
Personal used clothing, footwear & outerwear Location: 940 Cypress Point Drive, Bldg D 102, Crown Point IN 46307 Line from <i>Schedule A/B</i> : 11.1	\$300.00	<input checked="" type="checkbox"/> \$300.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Ind. Code § 34-55-10-2(c)(2)
Costume jewelry, wedding rings, etc. Location: 940 Cypress Point Drive, Bldg D 102, Crown Point IN 46307 Line from <i>Schedule A/B</i> : 12.1	\$900.00	<input checked="" type="checkbox"/> \$900.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Ind. Code § 34-55-10-2(c)(2)
Checking: Checking Account with: Chase Bank Line from <i>Schedule A/B</i> : 17.1	\$0.00	<input checked="" type="checkbox"/> \$200.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Ind. Code § 34-55-10-2(c)(3)
Federal, State and Local: State & Federal Income Tax Refunds for current year and all prior years Line from <i>Schedule A/B</i> : 28.1	Unknown	<input checked="" type="checkbox"/> \$600.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Ind. Code § 34-55-10-2(c)(3)
Federal: Earned Income Credit portion of State & Federal Income Tax Refunds for current year and all prior years Line from <i>Schedule A/B</i> : 28.2	Unknown	<input checked="" type="checkbox"/> ALL <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Ind. Code § 34-55-10-2(c)(11)
75% of Debtor(s)' Earned but Unpaid Wages in Chapter 7 Bankruptcy Cases only. Note: For exemption purposes only. Debtor does not currently believe that s/he has Earned but unpaid wages. Line from <i>Schedule A/B</i> : 30.1	Unknown	<input checked="" type="checkbox"/> 75% <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Ind. Code § 24-4.5-5-105 (2)

3. Are you claiming a homestead exemption of more than \$160,375?

(Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.)

 No Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case? No Yes

Fill in this information to identify your case:

Debtor 1	Luis Amado Medina	
	First Name	Middle Name
Debtor 2	Olga T Medina	
(Spouse if, filing)	First Name	Middle Name
United States Bankruptcy Court for the:	NORTHERN DISTRICT OF INDIANA	
Case number (if known)		

Check if this is an amended filing

Official Form 106D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

1. Do any creditors have claims secured by your property?

No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.

Yes. Fill in all of the information below.

Part 1: List All Secured Claims

2. List all secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. As much as possible, list the claims in alphabetical order according to the creditor's name.

2.1	Ally Financial Creditor's Name	Describe the property that secures the claim: 2014 Chevrolet Impala 135,000 miles Location: 940 Cypress Point Drive, Bldg D 102, Crown Point IN 46307	Column A	Column B	Column C
			Amount of claim Do not deduct the value of collateral.	Value of collateral that supports this claim	Unsecured portion If any
	\$16,523.00	\$9,500.00	\$7,023.00		
<p>Attn: Bankruptcy Dept Po Box 380901 Bloomington, MN 55438</p> <p>Number, Street, City, State & Zip Code</p> <p>Who owes the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input checked="" type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim relates to a community debt</p> <p>Opened 02/14 Last Active 11/21/18</p> <p>Date debt was incurred</p> <p>Last 4 digits of account number 3881</p>					
<p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Nature of lien. Check all that apply.</p> <p><input type="checkbox"/> An agreement you made (such as mortgage or secured car loan)</p> <p><input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien)</p> <p><input type="checkbox"/> Judgment lien from a lawsuit</p> <p><input type="checkbox"/> Other (including a right to offset) _____</p>					

2.2	Santander Consumer USA Creditor's Name	Describe the property that secures the claim: 2015 GMC Acadia 138,000 miles Location: 940 Cypress Point Drive, Bldg D 102, Crown Point IN 46307	Column A	Column B	Column C
			\$19,352.00	\$14,000.00	\$5,352.00
<p>Attn: Bankruptcy Po Box 961245 Fort Worth, TX 76161</p> <p>Number, Street, City, State & Zip Code</p> <p>Who owes the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p>					
<p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Nature of lien. Check all that apply.</p> <p><input type="checkbox"/> An agreement you made (such as mortgage or secured car loan)</p> <p><input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien)</p> <p><input type="checkbox"/> Judgment lien from a lawsuit</p>					

Debtor 1	Luis Amado Medina			Case number (if known)	_____	
	First Name	Middle Name	Last Name			
Debtor 2	Olga T Medina			First Name	Middle Name	Last Name
<input type="checkbox"/> Check if this claim relates to a community debt		<input type="checkbox"/> Other (including a right to offset) _____				
Date debt was incurred	Opened 09/14 Last Active 10/18	Last 4 digits of account number	1000			

Add the dollar value of your entries in Column A on this page. Write that number here:
 If this is the last page of your form, add the dollar value totals from all pages.
 Write that number here:

\$35,875.00
\$35,875.00

Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

Fill in this information to identify your case:

Debtor 1	Luis Amado Medina	
	First Name	Middle Name
Debtor 2	Olga T Medina	
(Spouse if, filing)	First Name	Middle Name
United States Bankruptcy Court for the:	NORTHERN DISTRICT OF INDIANA	
Case number (if known)		

Check if this is an
amended filing

Official Form 106E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. If you have no information to report in a Part, do not file that Part. On the top of any additional pages, write your name and case number (if known).

Part 1: List All of Your PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims against you?

No. Go to Part 2.
 Yes.

2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.

(For an explanation of each type of claim, see the instructions for this form in the instruction booklet.)

	Total claim	Priority amount	Nonpriority amount
2.1	Indiana Department of Revenue Priority Creditor's Name PO Box 0595 Indianapolis, IN 46206 Number Street City State Zip Code	Last 4 digits of account number \$6,500.00	\$6,500.00 \$0.00
	When was the debt incurred? 2016, 2017 and 2018	As of the date you file, the claim is: Check all that apply	
	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	Type of PRIORITY unsecured claim: <input type="checkbox"/> Domestic support obligations <input checked="" type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify Taxes	
	<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another		
	<input type="checkbox"/> Check if this claim is for a community debt <input checked="" type="checkbox"/> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor 1 **Luis Amado Medina**
Debtor 2 **Olga T Medina**

Case number (if known)

2.2	IRS Priority Creditor's Name Centralized Insolvency Operation PO Box 21126 Philadelphia, PA 19114-0326 Number Street City State Zip Code	Last 4 digits of account number	\$6,500.00	\$6,500.00	\$0.00
		When was the debt incurred?	2016, 2017, 2018		
		As of the date you file, the claim is: Check all that apply			
		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed			
		Type of PRIORITY unsecured claim:			
		<input type="checkbox"/> Domestic support obligations <input checked="" type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify _____			
		Taxes			

2.3	Lake County Child Supp Priority Creditor's Name 400 Broadway Gary, IN 46402 Number Street City State Zip Code	Last 4 digits of account number	5161	\$14,217.00	\$14,217.00	\$0.00
		When was the debt incurred?	Opened 10/07 Last Active 6/05/15			
		As of the date you file, the claim is: Check all that apply				
		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed				
		Type of PRIORITY unsecured claim:				
		<input type="checkbox"/> Domestic support obligations <input checked="" type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify _____				
		Family Support				

Part 2: List All of Your NONPRIORITY Unsecured Claims**3. Do any creditors have nonpriority unsecured claims against you?**

No. You have nothing to report in this part. Submit this form to the court with your other schedules.

Yes.

4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

Total claim

Debtor 1 **Luis Amado Medina**
Debtor 2 **Olga T Medina**

Case number (if known)

4.1	Acceptance Now Nonpriority Creditor's Name Attn: Acceptancenow Customer Service / B 5501 Headquarters Dr Plano, TX 75024 Number Street City State Zip Code	Last 4 digits of account number 0389	\$616.00
	Who incurred the debt? Check one.	When was the debt incurred? Opened 08/14 Last Active 11/16	
	<p>As of the date you file, the claim is: Check all that apply</p> <p><input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Rental Agreement</p>		
4.2	Acceptance Now Nonpriority Creditor's Name Attn: Acceptancenow Customer Service / B 5501 Headquarters Dr Plano, TX 75024 Number Street City State Zip Code	Last 4 digits of account number 1160	\$0.00
	Who incurred the debt? Check one.	When was the debt incurred? Opened 06/14 Last Active 5/31/16	
	<p>As of the date you file, the claim is: Check all that apply</p> <p><input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Rental Agreement</p>		
4.3	Advance Ffcu Nonpriority Creditor's Name 4035 Alder St East Chicago, IN 46312 Number Street City State Zip Code	Last 4 digits of account number 4001	\$0.00
	Who incurred the debt? Check one.	When was the debt incurred? Opened 9/02/11 Last Active 12/30/13	
	<p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Automobile</p>		

Debtor 1 **Luis Amado Medina**
Debtor 2 **Olga T Medina**

Case number (if known) _____

4.4	Advanced Reproductive Health LTD Nonpriority Creditor's Name 2282 Momentum Place STE 10 Chicago, IL 60689-5322 Number Street City State Zip Code	Last 4 digits of account number 4960	\$25.00
When was the debt incurred? _____			
As of the date you file, the claim is: Check all that apply			
<p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Other. Specify Medical Bills</p> <p><input type="checkbox"/> Yes</p>			
<p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p>			
<p><input checked="" type="checkbox"/> Other. Specify Medical Bills</p>			
4.5	Albert's Diamond Jew Nonpriority Creditor's Name 771 Main Schererville, IN 46375 Number Street City State Zip Code	Last 4 digits of account number 9496	\$626.00
When was the debt incurred? Opened 12/22/15 Last Active 7/29/16			
As of the date you file, the claim is: Check all that apply			
<p>Who incurred the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Other. Specify Charge Account</p> <p><input type="checkbox"/> Yes</p>			
<p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p>			
<p><input checked="" type="checkbox"/> Other. Specify Charge Account</p>			
4.6	Albert's Diamond Jew Nonpriority Creditor's Name 771 Main Schererville, IN 46375 Number Street City State Zip Code	Last 4 digits of account number 0601	\$0.00
When was the debt incurred? Opened 5/02/13 Last Active 2/20/14			
As of the date you file, the claim is: Check all that apply			
<p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent</p> <p><input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Other. Specify Charge Account</p> <p><input type="checkbox"/> Yes</p>			
<p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p>			

Debtor 1 **Luis Amado Medina**
Debtor 2 **Olga T Medina**

Case number (if known) _____

4.7	All American Publishing Nonpriority Creditor's Name 5411 Kendall Street Boise, ID 83706 Number Street City State Zip Code	Last 4 digits of account number 82Y1	\$1,232.00
When was the debt incurred? _____			
As of the date you file, the claim is: Check all that apply			
<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed			
Type of NONPRIORITY unsecured claim:			
<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts			
<input checked="" type="checkbox"/> Other. Specify Delinquent Account			
4.8	All State Nonpriority Creditor's Name PO BOX 218 Camby, IN 46113-0218 Number Street City State Zip Code	Last 4 digits of account number 5BEK	\$0.00
When was the debt incurred? _____			
As of the date you file, the claim is: Check all that apply			
<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed			
Type of NONPRIORITY unsecured claim:			
<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts			
<input checked="" type="checkbox"/> Other. Specify Delinquent Account			
4.9	All State Insurance Co Nonpriority Creditor's Name c/o Aaron M. Cook 8585 Broadway Suite 700 Merrillville, IN 46410-7064 Number Street City State Zip Code	Last 4 digits of account number 4521	\$0.00
When was the debt incurred? _____			
As of the date you file, the claim is: Check all that apply			
<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed			
Type of NONPRIORITY unsecured claim:			
<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts			
<input checked="" type="checkbox"/> Other. Specify Delinquent Account			

Debtor 1 **Luis Amado Medina**
Debtor 2 **Olga T Medina**

Case number (if known) _____

4.1 0	Ally Financial Nonpriority Creditor's Name Attn: Bankruptcy Dept Po Box 380901 Bloomington, MN 55438 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number 8865 When was the debt incurred? Opened 07/13 Last Active 3/11/14 As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Automobile	\$0.00
4.1 1	Ally Financial Nonpriority Creditor's Name Attn: Bankruptcy Dept Po Box 380901 Bloomington, MN 55438 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number 3779 When was the debt incurred? Opened 02/11 Last Active 10/01/14 As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Automobile	\$0.00
4.1 2	American Marketing & Publishing Nonpriority Creditor's Name 915 East Lincoln Highway P.O. Box 801 DeKalb, IL 60115 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number 9805 When was the debt incurred? As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Delinquent Account	\$1,054.76

Debtor 1 **Luis Amado Medina**
Debtor 2 **Olga T Medina**

Case number (if known) _____

4.1 3	<p>Arnold Scott Harris, PC Nonpriority Creditor's Name 111 West Jackson Blvd., Suite 600 Chicago, IL 60604</p> <p>Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number 7264</p> <p>When was the debt incurred? _____</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify Delinquent Account</p>	\$158.60
4.1 4	<p>Auburn Meadow Terrace Homes Nonpriority Creditor's Name 1310 N. Roselle Rd Schaumburg, IL 60195</p> <p>Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number 2627</p> <p>When was the debt incurred? _____</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify Delinquent Account</p>	\$0.00
4.1 5	<p>Bay Area Credit Service Nonpriority Creditor's Name P.O. Box 467600 Atlanta, GA 31146</p> <p>Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number 1400</p> <p>When was the debt incurred? _____</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify Medical Bills</p>	\$739.00

Debtor 1 **Luis Amado Medina**
Debtor 2 **Olga T Medina**

Case number (if known) _____

4.1 6	<p>Big Picture Loans Nonpriority Creditor's Name Attn: Customer Support PO Box 704 Watersmeet, MI 49969</p> <p>Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number 8619</p> <p>When was the debt incurred? _____</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify Delinquent Account</p>	\$1,470.52
4.1 7	<p>Capital One Na Nonpriority Creditor's Name Attn: General Correspondence/Bankruptcy Po Box 30285 Salt Lake City, UT 84130</p> <p>Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input checked="" type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number 3007</p> <p>When was the debt incurred? Opened 10/11 Last Active 07/17</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify Credit Card</p>	\$907.00
4.1 8	<p>Cda/Pontiac Nonpriority Creditor's Name Attn: Bankruptcy Po Box 213, 415 E Main Street Streator, IL 61364</p> <p>Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number 7131</p> <p>When was the debt incurred? Opened 03/14</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify Collection Attorney Northwest Emergency Assoc Llc</p>	\$445.00

Debtor 1 Luis Amado Medina
Debtor 2 Olga T Medina

Case number (if known)

4.1 9	<p>Chase Bank Nonpriority Creditor's Name PO Box 183164 Columbus, OH 43218-3164 Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify Charge Account</p>	Last 4 digits of account number 0976	\$2,296.84	
<p>Citibank/Sears Nonpriority Creditor's Name Attn: Bankruptcy Po Box 6275 Sioux Falls, SD 57117 Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent</p> <p><input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify _____</p>		Last 4 digits of account number 7360	\$0.00	
<p>City of Chicago Dept of Finance Nonpriority Creditor's Name PO Box 88292 Chicago, IL 60680 Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify Notice</p>		When was the debt incurred? Opened 09/06 Last Active 09/06	Last 4 digits of account number 7264	\$130.00

Debtor 1 **Luis Amado Medina**
Debtor 2 **Olga T Medina**

Case number (if known) _____

4.2 2	City of Chicago Dept of Finance Nonpriority Creditor's Name PO Box 88292 Chicago, IL 60680 Number Street City State Zip Code	Last 4 digits of account number 1220	\$130.00
Who incurred the debt? Check one.			
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another			
<input type="checkbox"/> Check if this claim is for a community debt <input type="checkbox"/> Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Notice			
Is the claim subject to offset?			
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
4.2 3	City of Chicago Dept of Finance Nonpriority Creditor's Name PO Box 88292 Chicago, IL 60680 Number Street City State Zip Code	Last 4 digits of account number 5225	\$244.00
Who incurred the debt? Check one.			
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another			
<input type="checkbox"/> Check if this claim is for a community debt <input type="checkbox"/> Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Notice			
4.2 4	Comenity Bank/Express Nonpriority Creditor's Name Attn: Bankruptcy Dept Po Box 182125 Columbus, OH 43218 Number Street City State Zip Code	Last 4 digits of account number 7288	\$0.00
Who incurred the debt? Check one.			
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another			
<input type="checkbox"/> Check if this claim is for a community debt <input type="checkbox"/> Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Charge Account			
Is the claim subject to offset?			
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			

Debtor 1 **Luis Amado Medina**
Debtor 2 **Olga T Medina**

Case number (if known) _____

4.2 5	Comenity Bank/Victoria Secret Nonpriority Creditor's Name Attn: Bankruptcy Dept Po Box 182125 Columbus, OH 45318 Number Street City State Zip Code	Last 4 digits of account number 6743 When was the debt incurred? Opened 4/24/14 Last Active 04/18 As of the date you file, the claim is: Check all that apply	\$0.00
Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Charge Account	
4.2 6	Cornerstone/American Education Services Nonpriority Creditor's Name Attn: Bankruptcy Po Box 2461 Harrisburg, PA 17105 Number Street City State Zip Code	Last 4 digits of account number 0002 When was the debt incurred? Opened 8/15/17 Last Active 10/18 As of the date you file, the claim is: Check all that apply	\$4,841.00
Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input checked="" type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input type="checkbox"/> Other. Specify Educational	
4.2 7	Cornerstone/American Education Services Nonpriority Creditor's Name Attn: Bankruptcy Po Box 2461 Harrisburg, PA 17105 Number Street City State Zip Code	Last 4 digits of account number 0001 When was the debt incurred? Opened 8/15/17 Last Active 10/18 As of the date you file, the claim is: Check all that apply	\$2,708.00
Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input checked="" type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input type="checkbox"/> Other. Specify Educational	

Debtor 1 Luis Amado Medina
Debtor 2 Olga T Medina

Case number (if known)

4.2 8	<p>Credit One Bank Nonpriority Creditor's Name Attn: Bankruptcy Po Box 98873 Las Vegas, NV 89193</p> <p>Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input checked="" type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number 3515</p> <p>When was the debt incurred? Opened 05/12 Last Active 02/17</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify Credit Card</p>	\$0.00
4.2 9	<p>Credit One Bank Nonpriority Creditor's Name Attn: Bankruptcy Po Box 98873 Las Vegas, NV 89193</p> <p>Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number 8669</p> <p>When was the debt incurred? Opened 10/15 Last Active 11/16</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify Credit Card</p>	\$0.00
4.3 0	<p>EdFinancial Services Nonpriority Creditor's Name Attn: Bankruptcy Po Box 36008 Knoxville, TN 37930</p> <p>Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number 1749</p> <p>When was the debt incurred? Opened 07/18 Last Active 10/31/18</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input checked="" type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input type="checkbox"/> Other. Specify Educational</p>	\$6,048.00

Debtor 1 Luis Amado Medina
Debtor 2 Olga T Medina

Case number (if known) _____

4.3 1	EdFinancial Services Nonpriority Creditor's Name Attn: Bankruptcy Po Box 36008 Knoxville, TN 37930 Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number 1649 When was the debt incurred? Opened 07/18 Last Active 10/31/18 As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input checked="" type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input type="checkbox"/> Other. Specify _____	\$3,500.00
4.3 2	Emergency Care Associates of Indiana Nonpriority Creditor's Name 1710 Lafayette Road Crawfordsville, IN 47933 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number 1400 When was the debt incurred? As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Medical Bills	\$739.00
4.3 3	Enterprise Rent-a-Car Nonpriority Creditor's Name PO Box 405738 Atlanta, GA 30384 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number 2017 When was the debt incurred? As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Damaged Vehicle	\$1,000.00

Debtor 1 **Luis Amado Medina**
Debtor 2 **Olga T Medina**

Case number (if known) _____

4.3 4	<p>Fifth Third Bank Nonpriority Creditor's Name</p> <p>Number Street City State Zip Code Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Other. Specify Delinquent Account <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number 8366</p> <p>When was the debt incurred?</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Delinquent Account</p>	\$108.00
4.3 5	<p>Fifth Third Bank Nonpriority Creditor's Name 56 S. Washington Valparaiso, IN 46383 Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Other. Specify _____ <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number 7654</p> <p>When was the debt incurred?</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____</p>	\$0.00
4.3 6	<p>Fingerhut Nonpriority Creditor's Name Attn: Bankruptcy Po Box 1250 Saint Cloud, MN 56395 Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Other. Specify Charge Account <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number 2829</p> <p>When was the debt incurred? Opened 06/14 Last Active 6/05/17</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Charge Account</p>	\$0.00

Debtor 1 **Luis Amado Medina**
Debtor 2 **Olga T Medina**

Case number (if known) _____

4.3 7	<p>First Data Global leasing Nonpriority Creditor's Name 5565 Glenridge Connector NE Suite 2000 Atlanta, GA 30342 Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number 1000</p> <p>When was the debt incurred? _____</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Delinquent Account</p>	\$3,673.40
4.3 8	<p>First Data Reporting Services LLC Nonpriority Creditor's Name PO BOX 6604 Hagerstown, MD 21741-6604 Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number 1000</p> <p>When was the debt incurred? _____</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Delinquent Account</p>	\$3,673.40
4.3 9	<p>First Premier Bank Nonpriority Creditor's Name Attn: Bankruptcy Po Box 5524 Sioux Falls, SD 57117 Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number 7271</p> <p>When was the debt incurred? Opened 02/11 Last Active 11/16</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Credit Card</p>	\$1,008.00

Debtor 1 **Luis Amado Medina**
Debtor 2 **Olga T Medina**

Case number (if known) _____

4.4 0	First Premier Bank Nonpriority Creditor's Name Attn: Bankruptcy Po Box 5524 Sioux Falls, SD 57117 Number Street City State Zip Code	Last 4 digits of account number 8672	\$500.00
Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		When was the debt incurred? Opened 12/15 Last Active 11/16 As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Credit Card	
4.4 1	First Premier Bank Nonpriority Creditor's Name Attn: Bankruptcy Po Box 5524 Sioux Falls, SD 57117 Number Street City State Zip Code	Last 4 digits of account number 3548	\$486.00
Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		When was the debt incurred? Opened 12/11 Last Active 11/16 As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Credit Card	
4.4 2	First Premier Bank Nonpriority Creditor's Name 900 W Delaware PO Box 5519 Sioux Falls, SD 57117 Number Street City State Zip Code	Last 4 digits of account number 4986	\$325.42
Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		When was the debt incurred? As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Charge Account	

Debtor 1 **Luis Amado Medina**
Debtor 2 **Olga T Medina**

Case number (if known) _____

4.4 3	Franciscan Alliance Nonpriority Creditor's Name 26084 Network Place Chicago, IL 60673 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number 0810 When was the debt incurred? As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Medical Bills	\$384.15
4.4 4	Fransican St. Anthony Hospital Nonpriority Creditor's Name Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number 5709 When was the debt incurred? As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Delinquent Account	\$0.00
4.4 5	Glen Lerner Injury Attorneys, PLLC Nonpriority Creditor's Name 1000 West Lake Street c/o Kaleen Wynegar Chicago, IL 60607 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number 46PC When was the debt incurred? As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify	\$0.00

Debtor 1 **Luis Amado Medina**
Debtor 2 **Olga T Medina**

Case number (if known) _____

4.4 6	Hod & Dav Nonpriority Creditor's Name 8700 Broadway Merrillville, IN 46410 Number Street City State Zip Code	Last 4 digits of account number 2001	\$1,800.00
When was the debt incurred? Opened 12/17/13			
As of the date you file, the claim is: Check all that apply			
<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Other. Specify Medical <input type="checkbox"/> Yes			
Homepage Directories Nonpriority Creditor's Name 721 E. Madison Suite 200 Villa Park, IL 60181 Number Street City State Zip Code			
Last 4 digits of account number 9805 When was the debt incurred?			
As of the date you file, the claim is: Check all that apply			
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Other. Specify Delinquent Account <input type="checkbox"/> Yes			
HSN, LLC Nonpriority Creditor's Name 1200 Wilson Drive West Chester, PA 19380 Number Street City State Zip Code			
Last 4 digits of account number 6319 When was the debt incurred?			
As of the date you file, the claim is: Check all that apply			
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Other. Specify Delinquent Account <input type="checkbox"/> Yes			

Debtor 1 **Luis Amado Medina**
Debtor 2 **Olga T Medina**

Case number (if known) _____

4.4
9**Illinois Tollway**

Nonpriority Creditor's Name

**P.O. Box 5544
Chicago, IL 60680-5544**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt
Is the claim subject to offset?
 No
 Yes

Last 4 digits of account number _____

\$2,020.10

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify **Tollway Violations**

4.5
0**Imperial PFS Corporation**

Nonpriority Creditor's Name

**30 Montgomery Street Suite 1000
Jersey City, NJ 07302**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt
Is the claim subject to offset?
 No
 Yes

Last 4 digits of account number **5368****\$96.72**

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify **Delinquent Account**

4.5
1**Indiana Department of Revenue**

Nonpriority Creditor's Name

**Bankruptcy Section, N-203
100 North Senate
Room N240, MS 108
Indianapolis, IN 46201**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt
Is the claim subject to offset?
 No
 Yes

Last 4 digits of account number _____

\$1,329.77

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify **Tax Arrearage**

Debtor 1 **Luis Amado Medina**
Debtor 2 **Olga T Medina**

Case number (if known) _____

4.5 2	Jared/Sterling Jewelers Nonpriority Creditor's Name Attn: Bankruptcy Po Box 3680 Akron, OH 44309 Number Street City State Zip Code	Last 4 digits of account number 0622 When was the debt incurred? Opened 11/15 Last Active 12/16 As of the date you file, the claim is: Check all that apply	\$0.00
Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Charge Account	
Jefferson Capital Systems, LLC Nonpriority Creditor's Name 16 McLeland Road Saint Cloud, MN 56303 Number Street City State Zip Code		Last 4 digits of account number 9521 When was the debt incurred?	\$2,641.41
Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify	
LendingClub Nonpriority Creditor's Name Attn: Bankruptcy 71 Stevenson St, Ste 1000 San Francisco, CA 94105 Number Street City State Zip Code		Last 4 digits of account number 1352 When was the debt incurred? Opened 07/16 Last Active 10/16 As of the date you file, the claim is: Check all that apply	\$0.00
Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Unsecured	

Debtor 1 Luis Amado Medina
Debtor 2 Olga T Medina

Case number (if known) _____

4.5 5	<p>Leroy Davis c/o Shelice Romona Tolbert Nonpriority Creditor's Name 1085 Broadway STE B Gary, IN 46402 Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Check if this claim is for a community debt <input type="checkbox"/> Student loans</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify Pending Civil Tort Lawsuit</p>	Last 4 digits of account number 0129	When was the debt incurred? 2017	Case number (if known) Unknown
4.5 6	<p>LVNV Funding/Resurgent Capital Nonpriority Creditor's Name Attn: Bankruptcy Po Box 10497 Greenville, SC 29603 Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent</p> <p><input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Check if this claim is for a community debt <input type="checkbox"/> Student loans</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p>Factoring Company Account On Deck ■ Other. Specify Capital Inc</p>	Last 4 digits of account number 0626	When was the debt incurred? Opened 06/17 Last Active 02/17	Case number (if known) \$2,669.00
4.5 7	<p>LVNV Funding/Resurgent Capital Nonpriority Creditor's Name Attn: Bankruptcy Po Box 10497 Greenville, SC 29603 Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Check if this claim is for a community debt <input type="checkbox"/> Student loans</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p>Factoring Company Account Capital One ■ Other. Specify N.A.</p>	Last 4 digits of account number 2436	When was the debt incurred? Opened 02/18 Last Active 07/17	Case number (if known) \$991.00

Debtor 1 **Luis Amado Medina**
 Debtor 2 **Olga T Medina**

Case number (if known) _____

4.5
8

LVNV Funding/Resurgent Capital Nonpriority Creditor's Name Attn: Bankruptcy Po Box 10497 Greenville, SC 29603	Last 4 digits of account number 8669	\$830.00
Number Street City State Zip Code	When was the debt incurred? Opened 06/17 Last Active 11/16	
Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
Is the claim subject to offset?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	Factoring Company Account Credit One Bank N.A.	

4.5
9

LVNV Funding/Resurgent Capital Nonpriority Creditor's Name Attn: Bankruptcy Po Box 10497 Greenville, SC 29603	Last 4 digits of account number 7990	\$680.00
Number Street City State Zip Code	When was the debt incurred? Opened 02/18 Last Active 07/17	
Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
<input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
Is the claim subject to offset?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	Factoring Company Account Capital One N.A.	

4.6
0

Mason Shoe Company Nonpriority Creditor's Name 1251 1st Avenue Chippewa Falls, WI 54729	Last 4 digits of account number 1C2G	\$338.18
Number Street City State Zip Code	When was the debt incurred?	
Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
Is the claim subject to offset?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	Delinquent Account	

Debtor 1 Luis Amado Medina
Debtor 2 Olga T Medina

Case number (if known) _____

4.6 1	<p>McCarthy Burgess & Wolff Nonpriority Creditor's Name 26000 Cannon Road Bedford, OH 44146 Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Check if this claim is for a community debt <input type="checkbox"/> Student loans</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify Notice</p>	<p>Last 4 digits of account number 6319 \$0.00</p> <p>When was the debt incurred? _____</p> <p>As of the date you file, the claim is: Check all that apply</p>
4.6 2	<p>Merrick Bank/CardWorks Nonpriority Creditor's Name Attn: Bankruptcy Po Box 9201 Old Bethpage, NY 11804 Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent</p> <p><input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Check if this claim is for a community debt <input type="checkbox"/> Student loans</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify Credit Card</p>	<p>Last 4 digits of account number 2510 \$1,302.00</p> <p>When was the debt incurred? Opened 07/12 Last Active 6/05/17</p> <p>As of the date you file, the claim is: Check all that apply</p>
4.6 3	<p>Midland Funding Nonpriority Creditor's Name 2365 Northside Dr Ste 300 San Diego, CA 92108 Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent</p> <p><input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Check if this claim is for a community debt <input type="checkbox"/> Student loans</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify Factoring Company Account Credit One Bank N.A.</p>	<p>Last 4 digits of account number 8458 \$1,498.00</p> <p>When was the debt incurred? Opened 09/17 Last Active 02/17</p> <p>As of the date you file, the claim is: Check all that apply</p>

Debtor 1 **Luis Amado Medina**
Debtor 2 **Olga T Medina**

Case number (if known) _____

4.6 4	Midwest Carp Nonpriority Creditor's Name	Last 4 digits of account number 0021	\$0.00
	680 Union St Hobart, IN 46342 Number Street City State Zip Code	When was the debt incurred? Opened 6/13/06 Last Active 5/25/10	
	Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	<input type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Contingent	
	<input checked="" type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Unliquidated	
	<input type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Disputed	
	<input type="checkbox"/> At least one of the debtors and another	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	<input type="checkbox"/> Check if this claim is for a community debt	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
	Is the claim subject to offset?	<input checked="" type="checkbox"/> Other. Specify Notice	
	<input checked="" type="checkbox"/> No		
	<input type="checkbox"/> Yes		
4.6 5	Miramed Revenue Group Nonpriority Creditor's Name Attn: Bankruptcy 360 East 22nd Street Lombard, IL 60148 Number Street City State Zip Code	Last 4 digits of account number 2942	\$384.00
	Who incurred the debt? Check one.	When was the debt incurred? Opened 3/26/18	
	<input type="checkbox"/> Debtor 1 only	As of the date you file, the claim is: Check all that apply	
	<input checked="" type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Contingent	
	<input type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Unliquidated	
	<input type="checkbox"/> At least one of the debtors and another	<input type="checkbox"/> Disputed	
	<input type="checkbox"/> Check if this claim is for a community debt	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	Is the claim subject to offset?	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
	<input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Other. Specify Medical	
	<input type="checkbox"/> Yes		
4.6 6	MiraMed Revenue Group Nonpriority Creditor's Name Dept 77304 PO Box 77000 Detroit, MI 48277 Number Street City State Zip Code	Last 4 digits of account number 2942	\$384.15
	Who incurred the debt? Check one.	When was the debt incurred?	
	<input type="checkbox"/> Debtor 1 only	As of the date you file, the claim is: Check all that apply	
	<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Contingent	
	<input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Unliquidated	
	<input type="checkbox"/> At least one of the debtors and another	<input type="checkbox"/> Disputed	
	<input type="checkbox"/> Check if this claim is for a community debt	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	Is the claim subject to offset?	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
	<input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Other. Specify Notice	
	<input type="checkbox"/> Yes		

Debtor 1 **Luis Amado Medina**
Debtor 2 **Olga T Medina**

Case number (if known) _____

4.6 7	<p>Mobil Loans LLC Nonpriority Creditor's Name PO Box 1409 Marksville, TX 75135-1000 Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify Payday Loans</p>	Last 4 digits of account number 2153	\$880.00
		When was the debt incurred? _____	
<p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify Payday Loans</p>			
4.6 8		<p>Mobiloansllc Nonpriority Creditor's Name P.O. Box 1409 Marksville, LA 71351 Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent</p> <p><input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify Check Credit Or Line Of Credit</p>	
		Last 4 digits of account number 2153	\$0.00
<p>When was the debt incurred? Opened 9/06/17 Last Active 9/29/17</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify Check Credit Or Line Of Credit</p>			
4.6 9		<p>Northshore Health Centers Nonpriority Creditor's Name PO Box 1430 Portage, IN 46368 Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify Medical Bills</p>	
		Last 4 digits of account number 7098	\$60.00
<p>When was the debt incurred? _____</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify Medical Bills</p>			

Debtor 1 **Luis Amado Medina**
Debtor 2 **Olga T Medina**

Case number (if known) _____

4.7 0	NPRTO North-East, LLC Nonpriority Creditor's Name 256 W. Data Drive Draper, UT 84020 Number Street City State Zip Code	Last 4 digits of account number 0036 When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply	\$1,878.98
Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Delinquent Account	
On Deck Capital, Inc. Nonpriority Creditor's Name 1400 Broadway New York, NY 10018 Number Street City State Zip Code		Last 4 digits of account number _____ When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply	
Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Delinquent Account	
OneMain Financial Nonpriority Creditor's Name Attn: Bankruptcy 601 Nw 2nd Street Evansville, IN 47708 Number Street City State Zip Code		Last 4 digits of account number 5836 When was the debt incurred? Opened 12/15 Last Active 9/10/16 As of the date you file, the claim is: Check all that apply	
Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Secured	

Debtor 1 **Luis Amado Medina**
Debtor 2 **Olga T Medina**

Case number (if known) _____

4.7 3	OneMain Financial Nonpriority Creditor's Name Attn: Bankruptcy 601 Nw 2nd Street Evansville, IN 47708 Number Street City State Zip Code	Last 4 digits of account number 8165	\$5,914.00
	Who incurred the debt? Check one.	When was the debt incurred? Opened 12/15 Last Active 04/16	
	<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt	As of the date you file, the claim is: Check all that apply	
	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Type of NONPRIORITY unsecured claim:	
	<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	<input type="checkbox"/> Other. Specify Secured	
	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
4.7 4	PayPal Credit Nonpriority Creditor's Name PO Box 105658 Atlanta, GA 30348-5658 Number Street City State Zip Code	Last 4 digits of account number 1797	\$492.57
	Who incurred the debt? Check one.	When was the debt incurred?	
	<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt	As of the date you file, the claim is: Check all that apply	
	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Type of NONPRIORITY unsecured claim:	
	<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	<input checked="" type="checkbox"/> Other. Specify Charge Account	
	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
4.7 5	Pendrick Capital Partners II LLC Nonpriority Creditor's Name 1714 Hollinwood Dr. Alexandria, VA 22307 Number Street City State Zip Code	Last 4 digits of account number 8464	\$739.00
	Who incurred the debt? Check one.	When was the debt incurred?	
	<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt	As of the date you file, the claim is: Check all that apply	
	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Type of NONPRIORITY unsecured claim:	
	<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	<input checked="" type="checkbox"/> Other. Specify	
	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor 1 **Luis Amado Medina**
Debtor 2 **Olga T Medina**

Case number (if known) _____

4.7 6	Portfolio Recovery Nonpriority Creditor's Name Po Box 41021 Norfolk, VA 23541 Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number 1945 When was the debt incurred? Opened 08/18 As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	\$742.00
4.7 7	Factoring Company Account Capital One <input checked="" type="checkbox"/> Other. Specify Bank Usa N.A.		
4.7 8	Premier Bankcard, LLC Nonpriority Creditor's Name Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	Last 4 digits of account number 8672 When was the debt incurred? As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	\$500.65	
	<input checked="" type="checkbox"/> Other. Specify Delinquent Account		
4.7 8	Provident Funding Inc. Nonpriority Creditor's Name P.O. Box 513738 Los Angeles, CA 90051-3738 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	Last 4 digits of account number 2935 When was the debt incurred? As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	\$818.45	
	<input checked="" type="checkbox"/> Other. Specify Delinquent Account		

Debtor 1 **Luis Amado Medina**
Debtor 2 **Olga T Medina**

Case number (if known) _____

4.7 9	QVC, Inc. Nonpriority Creditor's Name 1200 Wilson Drive West Chester, PA 19380 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>8454</u> When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Delinquent Account</u>	\$674.29
4.8 0	Resurgent Nonpriority Creditor's Name Care Of Resurgent Capital Serv Greenville, SC 29602 Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>0622</u> When was the debt incurred? <u>Opened 6/04/18</u> As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>01 Sterling Jewelers Inc Jared</u>	\$4,337.00
4.8 1	Schiller Park- Red Light Ticket Nonpriority Creditor's Name Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>3278</u> When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Traffic Violation(s)</u>	\$260.00

Debtor 1 **Luis Amado Medina**
Debtor 2 **Olga T Medina**

Case number (if known) _____

4.8 2	<p>Sheriff of Lake County Nonpriority Creditor's Name Civil Divison re warrant # Crown Point, IN 46307</p> <p>Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number 5369</p> <p>When was the debt incurred? _____</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify Delinquent Account</p>	\$1,491.91
4.8 3	<p>Sheriff of Lake County Nonpriority Creditor's Name Civil Divison re warrant # Crown Point, IN 46307</p> <p>Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number 1922</p> <p>When was the debt incurred? _____</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify Delinquent Account</p>	\$1,128.24
4.8 4	<p>Sheriff of Lake County Nonpriority Creditor's Name Civil Divison re warrant # Crown Point, IN 46307</p> <p>Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number 1205</p> <p>When was the debt incurred? _____</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify _____</p>	\$1,491.02

Debtor 1 Luis Amado Medina
Debtor 2 Olga T Medina

Case number (if known) _____

4.8 5	<p>Sheriff of Lake County Civil Division Nonpriority Creditor's Name 2293 N. Main Street Crown Point, IN 46307 Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Other. Specify Contingent</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify Delinquent Account</p>	Last 4 digits of account number 8645	\$1,492.40
4.8 6	<p>Skyway Concession Company LLC Nonpriority Creditor's Name 8801 South Anthony Ave Chicago, IL 60617 Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Other. Specify Contingent</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify Delinquent Account</p>	Last 4 digits of account number 4315	\$33.00
4.8 7	<p>State Farm Claims Nonpriority Creditor's Name P.O. Box 52282 Phoenix, AZ 85072 Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Other. Specify Contingent</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify Delinquent Account</p>	Last 4 digits of account number P935	\$0.00

Debtor 1 **Luis Amado Medina**
Debtor 2 **Olga T Medina**

Case number (if known) _____

4.8

Sterling Jewelers, Inc.	Last 4 digits of account number	3427	\$0.00
Nonpriority Creditor's Name Attn: Bankruptcy Po Box 1799 Akron, OH 44309	When was the debt incurred?	Opened 11/15 Last Active 05/16	
Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply		
Who incurred the debt? Check one.	<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt		
Is the claim subject to offset?	<input type="checkbox"/> No <input type="checkbox"/> Other. Specify Charge Account <input checked="" type="checkbox"/> Yes		

4.9

Sterling Jewelers, Inc.	Last 4 digits of account number	7236	\$0.00
Nonpriority Creditor's Name Attn: Bankruptcy Po Box 1799 Akron, OH 44309	When was the debt incurred?	Opened 05/12 Last Active 4/24/15	
Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply		
Who incurred the debt? Check one.	<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt		
Is the claim subject to offset?	<input type="checkbox"/> No <input type="checkbox"/> Other. Specify Charge Account <input checked="" type="checkbox"/> Yes		

4.9

Stoneberry	Last 4 digits of account number	0681	\$338.18
Nonpriority Creditor's Name PO Box 2820 Monroe, WI 53566-8020	When was the debt incurred?		
Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply		
Who incurred the debt? Check one.	<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt		
Is the claim subject to offset?	<input type="checkbox"/> No <input type="checkbox"/> Other. Specify Delinquent Account <input checked="" type="checkbox"/> Yes		

Debtor 1 Luis Amado Medina
Debtor 2 Olga T Medina

Case number (if known)

4.9 1	<p>Synchrony Bank/ JC Penneys Nonpriority Creditor's Name Attn: Bankruptcy Dept Po Box 965060 Orlando, FL 32896</p> <p>Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input checked="" type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number 8704</p> <p>When was the debt incurred? Opened 03/05 Last Active 02/06</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify Charge Account</p>	\$0.00
4.9 2	<p>Synchrony Bank/ Old Navy Nonpriority Creditor's Name Attn: Bankruptcy Dept Po Box 965060 Orlando, FL 32896</p> <p>Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input checked="" type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number 6792</p> <p>When was the debt incurred? Opened 06/07 Last Active 07/07</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify _____</p>	\$0.00
4.9 3	<p>Synchrony Bank/Walmart Nonpriority Creditor's Name Attn: Bankruptcy Dept Po Box 965060 Orlando, FL 32896</p> <p>Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number 2077</p> <p>When was the debt incurred? Opened 08/14 Last Active 12/16</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify Charge Account</p>	\$0.00

Debtor 1 **Luis Amado Medina**
Debtor 2 **Olga T Medina**

Case number (if known) _____

4.9
4

T-Mobile	Last 4 digits of account number	7318	\$1,450.13
Nonpriority Creditor's Name			
PO Box 742596			
Cincinnati, OH 45274			
Number Street City State Zip Code			
Who incurred the debt? Check one.			
<input type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Contingent		
<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Unliquidated		
<input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Disputed		
<input type="checkbox"/> At least one of the debtors and another			
<input type="checkbox"/> Check if this claim is for a community debt			
As of the date you file, the claim is: Check all that apply			
<input type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Contingent		
<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Unliquidated		
<input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Disputed		
<input type="checkbox"/> At least one of the debtors and another			
<input type="checkbox"/> Check if this claim is for a community debt			
Type of NONPRIORITY unsecured claim:			
<input type="checkbox"/> Student loans			
<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims			
<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts			
<input checked="" type="checkbox"/> Other. Specify Delinquent Account			

4.9
5

T-Mobile	Last 4 digits of account number	6850	\$5,116.16
Nonpriority Creditor's Name			
Number Street City State Zip Code			
Who incurred the debt? Check one.			
<input type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Contingent		
<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Unliquidated		
<input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Disputed		
<input type="checkbox"/> At least one of the debtors and another			
<input type="checkbox"/> Check if this claim is for a community debt			
As of the date you file, the claim is: Check all that apply			
<input type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Contingent		
<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Unliquidated		
<input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Disputed		
<input type="checkbox"/> At least one of the debtors and another			
<input type="checkbox"/> Check if this claim is for a community debt			
Type of NONPRIORITY unsecured claim:			
<input type="checkbox"/> Student loans			
<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims			
<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts			
<input checked="" type="checkbox"/> Other. Specify Delinquent Account			

4.9
6

Village of Lynwood, Illinois	Last 4 digits of account number	4126	\$200.00
Nonpriority Creditor's Name			
75 Remittance Drive			
Suite 6658			
Chicago, IL 60675			
Number Street City State Zip Code			
Who incurred the debt? Check one.			
<input type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Contingent		
<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Unliquidated		
<input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Disputed		
<input type="checkbox"/> At least one of the debtors and another			
<input type="checkbox"/> Check if this claim is for a community debt			
As of the date you file, the claim is: Check all that apply			
<input type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Contingent		
<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Unliquidated		
<input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Disputed		
<input type="checkbox"/> At least one of the debtors and another			
<input type="checkbox"/> Check if this claim is for a community debt			
Type of NONPRIORITY unsecured claim:			
<input type="checkbox"/> Student loans			
<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims			
<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts			
<input checked="" type="checkbox"/> Other. Specify Traffic Violation(s)			

Debtor 1 Luis Amado Medina
Debtor 2 Olga T Medina

Case number (if known) _____

4.9
7

Village of Schiller Park, Illinois Nonpriority Creditor's Name PO Box 577 Bedford Park, IL 60499-0577 Number Street City State Zip Code	Last 4 digits of account number 3278	\$200.00
Who incurred the debt? Check one.		
<input type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Contingent	
<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Unliquidated	
<input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Disputed	
<input type="checkbox"/> At least one of the debtors and another	<input type="checkbox"/> Type of NONPRIORITY unsecured claim:	
<input type="checkbox"/> Check if this claim is for a community debt	<input type="checkbox"/> Student loans	
Is the claim subject to offset?		
<input checked="" type="checkbox"/> No	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
<input type="checkbox"/> Yes	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
	<input checked="" type="checkbox"/> Other. Specify Traffic Violation(s)	

4.9
8

WebBank Nonpriority Creditor's Name 215 South State Street, Suite 800 Salt Lake City, UT 84111 Number Street City State Zip Code	Last 4 digits of account number 1352	\$6,699.54
Who incurred the debt? Check one.		
<input type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Contingent	
<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Unliquidated	
<input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Disputed	
<input type="checkbox"/> At least one of the debtors and another	<input type="checkbox"/> Type of NONPRIORITY unsecured claim:	
<input type="checkbox"/> Check if this claim is for a community debt	<input type="checkbox"/> Student loans	
Is the claim subject to offset?		
<input checked="" type="checkbox"/> No	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
<input type="checkbox"/> Yes	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
	<input checked="" type="checkbox"/> Other. Specify Delinquent Account	

4.9
9

Will County Circuit Court Nonpriority Creditor's Name 14 W Jefferson Street Case NO: 10D2172 Joliet, IL 60432 Number Street City State Zip Code	Last 4 digits of account number 0000	\$156.00
Who incurred the debt? Check one.		
<input type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Contingent	
<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Unliquidated	
<input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Disputed	
<input type="checkbox"/> At least one of the debtors and another	<input type="checkbox"/> Type of NONPRIORITY unsecured claim:	
<input type="checkbox"/> Check if this claim is for a community debt	<input type="checkbox"/> Student loans	
Is the claim subject to offset?		
<input checked="" type="checkbox"/> No	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
<input type="checkbox"/> Yes	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
	<input checked="" type="checkbox"/> Other. Specify Delinquent Account	

Debtor 1 Luis Amado Medina
Debtor 2 Olga T Medina

Case number (if known) _____

4.1 00	Yellowstone Capital, LLC	Last 4 digits of account number _____
	Nonpriority Creditor's Name 1 Evertrust Plaza Jersey City, NJ 07302	\$0.00
	Number Street City State Zip Code	
	Who incurred the debt? Check one.	
	<input type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Contingent
	<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Unliquidated
	<input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Disputed
	<input type="checkbox"/> At least one of the debtors and another	<input type="checkbox"/> Type of NONPRIORITY unsecured claim:
	<input type="checkbox"/> Check if this claim is for a community debt	<input type="checkbox"/> Student loans
	Is the claim subject to offset?	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims
	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts
	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> Other. Specify _____

4.1 01	Zurich North America	Last 4 digits of account number 8756
	Nonpriority Creditor's Name PO BOX 59838 Schaumburg, IL 60159-0838	\$841.32
	Number Street City State Zip Code	
	Who incurred the debt? Check one.	
	<input type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Contingent
	<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Unliquidated
	<input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Disputed
	<input type="checkbox"/> At least one of the debtors and another	<input type="checkbox"/> Type of NONPRIORITY unsecured claim:
	<input type="checkbox"/> Check if this claim is for a community debt	<input type="checkbox"/> Student loans
	Is the claim subject to offset?	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims
	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts
	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> Other. Specify Delinquent Account

Part 3: List Others to Be Notified About a Debt That You Already Listed

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Name and Address ACA International 4040 W 70th Street Minneapolis, MN 55435	On which entry in Part 1 or Part 2 did you list the original creditor? Line 4.38 of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
	Last 4 digits of account number 4385
Name and Address Allied Interstate LLC PO Box 361445 Columbus, OH 43236	On which entry in Part 1 or Part 2 did you list the original creditor? Line 4.34 of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
	Last 4 digits of account number 6216
Name and Address Allstate Indemnity Company PO BOX 218 Camby, IN 46113-0218	On which entry in Part 1 or Part 2 did you list the original creditor? Line 4.8 of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
	Last 4 digits of account number 8655
Name and Address Alltran Financial, LP PO Box 610	On which entry in Part 1 or Part 2 did you list the original creditor? Line 4.80 of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims

Debtor 1 **Luis Amado Medina**
 Debtor 2 **Olga T Medina**

Case number (if known) _____

Sauk Rapids, MN 56379

Last 4 digits of account number

Part 2: Creditors with Nonpriority Unsecured Claims
3137

Name and Address
Alltran Financial, LP
PO Box 610
Sauk Rapids, MN 56379

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.57** of (Check one):

Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

4692

Name and Address
Alltran Financial, LP
PO Box 610
Sauk Rapids, MN 56379

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.59** of (Check one):

Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

4429

Name and Address
American Coradius International
LLC
2420 Sweet Home Rd.
Suite 150
Buffalo, NY 14228

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.72** of (Check one):

Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

5836

Name and Address
Arnold Scott Harris, PC
111 West Jackson Blvd., Suite 600
Chicago, IL 60604

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.49** of (Check one):

Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

6493

Name and Address
Arnold Scott Harris, PC
111 West Jackson Blvd
Suite 600
Chicago, IL 60654

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.99** of (Check one):

Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

0000

Name and Address
Attorney John Frederick Gillespie
P.O. Box 70069
Louisville, KY 40270

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.63** of (Check one):

Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

0722

Name and Address
Brennan & Clark
721 E Madison
Suite 200
Villa Park, IL 60181

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.47** of (Check one):

Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

2697

Name and Address
Brown & Joseph LTD
PO BOX 59838
Schaumburg, IL 60159-0838

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.101** of (Check one):

Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

8756

Name and Address
Burke Costanza & Carberry
9191 Broadway
c/o Chad W Nally
Merrillville, IN 46410

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.14** of (Check one):

Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

2627

Name and Address
Convergent Outsourcing, Inc.
800 SW 39th St./ PO Box 9004
Renton, WA 98057

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.94** of (Check one):

Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Debtor 1 **Luis Amado Medina**
Debtor 2 **Olga T Medina**

Case number (if known) _____

Last 4 digits of account number

5117Name and Address
Credit Collection Services
725 Canton Street
Norwood, MA 02062

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.8 of (Check one):

Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

3553Name and Address
CT Lien Solutions
P.O. Box 29071
Glendale, CA 91209-9071

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.100 of (Check one):

Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

0184Name and Address
Denise Marie Hallett
P.O. Box 757
Hobart, IN 46342

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.56 of (Check one):

Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

4229Name and Address
Diversified Consultants, Inc.
PO box 551268
Jacksonville, FL 32255

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.53 of (Check one):

Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

7330Name and Address
Elevate Recoveries, LLC
PO Box 910009
Sherman, TX 75091

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.75 of (Check one):

Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

8464Name and Address
EOS CCA
700 Longwater Drive
Norwell, MA 02061

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.79 of (Check one):

Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

8454Name and Address
FBCS, Inc.
330 S. Warminster Rd. Suite 353
Hatboro, PA 19040

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.62 of (Check one):

Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

3237Name and Address
First Data
3975 NW 120th Avenue
Coral Springs, FL 33065

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.100 of (Check one):

Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

3060Name and Address
Frontline Asset Strategies
2700 Snelling Ave. N, Suite 250
Saint Paul, MN 55113

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.59 of (Check one):

Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

0630Name and Address
George C Patrick
706 Merrillville Rd
Crown Point, IN 46307

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.35 of (Check one):

Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

7654Name and Address
Global Trust Management, LLC
4805 W Laurel Street Suite 300
Tampa, FL 33607

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.67 of (Check one):

Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

4226

Debtor 1 **Luis Amado Medina**
Debtor 2 **Olga T Medina**

Case number (if known) _____

Name and Address Gregory A Brumfield	On which entry in Part 1 or Part 2 did you list the original creditor? Line <u>4.87</u> of (Check one):	<input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
Last 4 digits of account number		
Name and Address Harris & Harris, Ltd. 111 West Jackson Boulevard, Suite 400 Chicago, IL 60604-4135	On which entry in Part 1 or Part 2 did you list the original creditor? Line <u>4.99</u> of (Check one):	<input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
Last 4 digits of account number 1000		
Name and Address Hunter Warfield Collections - Asset Investigation 4620 Woodland Corporate Drive Tampa, FL 33614	On which entry in Part 1 or Part 2 did you list the original creditor? Line <u>4.37</u> of (Check one):	<input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
Last 4 digits of account number 9450		
Name and Address IN Tax Amnesty P.O. Box 516 Muncie, IN 47308-0516	On which entry in Part 1 or Part 2 did you list the original creditor? Line <u>4.51</u> of (Check one):	<input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
Last 4 digits of account number 8273		
Name and Address Indiana Attorney General 302 W. Washington St. South Fifth Floor Indianapolis, IN 46204	On which entry in Part 1 or Part 2 did you list the original creditor? Line <u>4.51</u> of (Check one):	<input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
Last 4 digits of account number		
Name and Address James C Yankosky 203 E Berry Street Fort Wayne, IN 46802	On which entry in Part 1 or Part 2 did you list the original creditor? Line <u>4.44</u> of (Check one):	<input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
Last 4 digits of account number 5709		
Name and Address Jefferson Capital Systems 16 McLeland Road Saint Cloud, MN 56303	On which entry in Part 1 or Part 2 did you list the original creditor? Line <u>4.36</u> of (Check one):	<input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
Last 4 digits of account number 9521		
Name and Address Jon Mazzoli	On which entry in Part 1 or Part 2 did you list the original creditor? Line <u>4.28</u> of (Check one):	<input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
Last 4 digits of account number		
Name and Address JP Morgan Chase Bank, N.A. 350 S. Cleveland Ave. FL2 P.O. Box 29505 AZ1-1191 Westerville, OH 43081-8917	On which entry in Part 1 or Part 2 did you list the original creditor? Line <u>4.51</u> of (Check one):	<input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
Last 4 digits of account number		
Name and Address Lake Superior Court Cause No: 2293 N Main Street Crown Point, IN 46307	On which entry in Part 1 or Part 2 did you list the original creditor? Line <u>4.56</u> of (Check one):	<input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
Last 4 digits of account number 4229		
Name and Address Lake Superior Court Cause No: 45D02-1901-CC-000722	On which entry in Part 1 or Part 2 did you list the original creditor? Line <u>4.63</u> of (Check one):	<input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims

Debtor 1 **Luis Amado Medina**
 Debtor 2 **Olga T Medina**

Case number (if known) _____

**2293 N Main Street
 Crown Point, IN 46307**

Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

0722

Name and Address
**Lake Superior Court
 Cause No: 45D08-1704-SC-002627
 2293 N Main Street
 Crown Point, IN 46307**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.14 of (Check one): Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

2627

Name and Address
**Lake Superior Court
 Cause No: 45D10-1707-CT-000129
 2293 N Main Street
 Civil Division 6
 Crown Point, IN 46307**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.55 of (Check one): Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

0129

Name and Address
**Mary Ann Sandifer
 45th & Pierce Streets
 Gary, IN**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 2.3 of (Check one): Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Child Support Recipient

Name and Address
**MCA Recovery LLC
 17 State Street Suite 4000
 New York, NY 10004**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.100 of (Check one): Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

3060

Name and Address
**McCarthy Burgess & Wolff
 26000 Cannon Road
 Bedford, OH 44146**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.48 of (Check one): Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

6033

Name and Address
**Midland Credit Management
 2365 Northside Dr
 Suite 300
 San Diego, CA 92108**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.28 of (Check one): Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

8458

Name and Address
**Mintex, INC.
 PO Box 7700
 Chicago, IL 60680**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.49 of (Check one): Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

7733

Name and Address
**Monarch Recovery Managements,
 INC
 3260 Tillman Drive Suite 75
 Bensalem, PA 19020**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.42 of (Check one): Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

5928

Name and Address
**Municipal Collection Services
 PO Box 327
 Palos Heights, IL 60463-0327**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.96 of (Check one): Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

4126

Name and Address
**National Enterprise Systems
 2479 Edison Blvd., Unit A**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.72 of (Check one): Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims

Debtor 1 **Luis Amado Medina**
 Debtor 2 **Olga T Medina**

Case number (if known) _____

Twinsburg, OH 44087Last 4 digits of account number **4328**

Name and Address
Northstart Location Services, LLC
Attn: Financial Services Dept
4285 Genesee St
Cheektowaga, NY 14225

On which entry in Part 1 or Part 2 did you list the original creditor?
 Line **4.38** of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number **4385**

Name and Address
Pearl Capital
525 Washington Blvd 22nd Floor
Jersey City, NJ 07310

On which entry in Part 1 or Part 2 did you list the original creditor?
 Line **4.100** of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number **9987**

Name and Address
Pendrick Capital Partners II LLC
1714 Hollinwood Dr.
Alexandria, VA 22307

On which entry in Part 1 or Part 2 did you list the original creditor?
 Line **4.32** of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number **8464**

Name and Address
Premiere Credit of North America
LLC
PO Box 19309
Indianapolis, IN 46219

On which entry in Part 1 or Part 2 did you list the original creditor?
 Line **4.51** of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number **4670**

Name and Address
Professional Account Management
LLC
PO Box 391
Milwaukee, WI 53201

On which entry in Part 1 or Part 2 did you list the original creditor?
 Line **4.86** of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number **8115**

Name and Address
Professional Account Management
LLC
PO Box 698
Milwaukee, WI 53201

On which entry in Part 1 or Part 2 did you list the original creditor?
 Line **4.49** of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number **1675**

Name and Address
Professional Account Management
LLC
PO Box 698
Milwaukee, WI 53201

On which entry in Part 1 or Part 2 did you list the original creditor?
 Line **4.49** of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number **1794**

Name and Address
Professional Account Management
LLC
PO Box 698
Milwaukee, WI 53201

On which entry in Part 1 or Part 2 did you list the original creditor?
 Line **4.49** of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number **6461**

Name and Address
Professional Account Management
LLC
PO Box 698
Milwaukee, WI 53201

On which entry in Part 1 or Part 2 did you list the original creditor?
 Line **4.49** of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number **5129**

Name and Address
Progressive

On which entry in Part 1 or Part 2 did you list the original creditor?
 Line **4.70** of (Check one): Part 1: Creditors with Priority Unsecured Claims

Debtor 1 **Luis Amado Medina**
 Debtor 2 **Olga T Medina**

Case number (if known) _____

256 West Data Drive
Draper, UT 84020

Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

0036

Name and Address
Radius Global Solutions
PO Box 390905
Minneapolis, MN 55439

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.17 of (Check one): Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

1585

Name and Address
Resurgent Capital Services
P.O. Box 10497
Greenville, SC 29603-0497

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.56 of (Check one): Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

5062

Name and Address
Retrieval-Masters Creditors Bureau, Inc
4 Westchester Plaza
Suite 110
Elmsford, NY 10523

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.60 of (Check one): Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

5841

Name and Address
Rushmore Service Center
PO Box 5508
Sioux Falls, SD 57117

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.77 of (Check one): Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

5176

Name and Address
Sherman Originator III LLC
200 Meeting St
Charleston, SC 29401

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.63 of (Check one): Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

3515

Name and Address
Sonnenschein Financial Services, Inc.
2 Trans AM
Suite 300
Villa Park, IL 60181

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.81 of (Check one): Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

3278

Name and Address
Southwest Credit
4120 International Parkway
STE 1100
Carrollton, TX 75007

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.95 of (Check one): Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

8987

Name and Address
State of SC County of Charleston

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.28 of (Check one): Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

3515

Name and Address
Stenger & Stenger
2618 E Paris Ave SE
Grand Rapids, MI 49546

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.56 of (Check one): Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

4229

Name and Address
Tolbert & Tolbert
1085 Broadway STE B
Gary, IN 46402

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.55 of (Check one): Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims

Debtor 1 **Luis Amado Medina**
Debtor 2 **Olga T Medina**

Case number (if known) _____

Last 4 digits of account number

0129Name and Address
Transworld Systems INC
9525 Sweet Valley Drive
Cleveland, OH 44125

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.33** of (Check one): Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

7205Name and Address
UCC Finance

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.100** of (Check one): Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

0184Name and Address
Uplink
430 Waterfall Drive
Elkhart, IN 46516

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.51** of (Check one): Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

5320Name and Address
Van Ru Credit Corporation
4839 N. Elston Ave
Chicago, IL 60630

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.90** of (Check one): Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

0304Name and Address
Vital Recovery Services
PO Box 923748
Peachtree Corners, GA 30010-3748

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.54** of (Check one): Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

2841Name and Address
Zenith Financial Network Inc.
1489 W. Palmetto Park Rd. Suite 360
Boca Raton, FL 33486-3326

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.67** of (Check one): Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

2153**Part 4: Add the Amounts for Each Type of Unsecured Claim**

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

		Total Claim
Total claims from Part 1	6a. Domestic support obligations	6a. \$ 14,217.00
	6b. Taxes and certain other debts you owe the government	6b. \$ 13,000.00
	6c. Claims for death or personal injury while you were intoxicated	6c. \$ 0.00
	6d. Other. Add all other priority unsecured claims. Write that amount here.	6d. \$ 0.00
6e. Total Priority. Add lines 6a through 6d.		27,217.00
Total claims from Part 2	6f. Student loans	6f. \$ 17,097.00
	6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g. \$ 0.00
	6h. Debts to pension or profit-sharing plans, and other similar debts	6h. \$ 0.00
	6i. Other. Add all other nonpriority unsecured claims. Write that amount here.	6i. \$ 87,140.14
6j. Total Nonpriority. Add lines 6f through 6i.		104,237.14

Fill in this information to identify your case:

Debtor 1	Luis Amado Medina	
	First Name	Middle Name
Debtor 2	Olga T Medina	
(Spouse if, filing)	First Name	Middle Name
United States Bankruptcy Court for the:	NORTHERN DISTRICT OF INDIANA	
Case number (if known)		

Check if this is an
amended filing

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

1. Do you have any executory contracts or unexpired leases?

No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 Yes. Fill in all of the information below even if the contacts of leases are listed on *Schedule A/B:Property* (Official Form 106 A/B).

2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

Person or company with whom you have the contract or lease Name, Number, Street, City, State and ZIP Code	State what the contract or lease is for
2.1 Name	
Number Street	
City State ZIP Code	
2.2 Name	
Number Street	
City State ZIP Code	
2.3 Name	
Number Street	
City State ZIP Code	
2.4 Name	
Number Street	
City State ZIP Code	
2.5 Name	
Number Street	
City State ZIP Code	

Fill in this information to identify your case:

Debtor 1	Luis Amado Medina	
	First Name	Middle Name
Debtor 2	Olga T Medina	
(Spouse if, filing)	First Name	Middle Name
United States Bankruptcy Court for the:	NORTHERN DISTRICT OF INDIANA	
Case number (if known)		

Check if this is an
amended filing

Official Form 106H Schedule H: Your Codebtors

12/15

Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.

1. Do you have any codebtors? (If you are filing a joint case, do not list either spouse as a codebtor.)

No
 Yes

2. Within the last 8 years, have you lived in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)

No. Go to line 3.
 Yes. Did your spouse, former spouse, or legal equivalent live with you at the time?

3. In Column 1, list all of your codebtors. Do not include your spouse as a codebtor if your spouse is filing with you. List the person shown in line 2 again as a codebtor only if that person is a guarantor or cosigner. Make sure you have listed the creditor on Schedule D (Official Form 106D), Schedule E/F (Official Form 106E/F), or Schedule G (Official Form 106G). Use Schedule D, Schedule E/F, or Schedule G to fill out Column 2.

Column 1: Your codebtor
Name, Number, Street, City, State and ZIP Code

Column 2: The creditor to whom you owe the debt
Check all schedules that apply:

3.1 **Aaron Mitchell**
3257 May Street
Portage, IN 46368

Schedule D, line 2.1
 Schedule E/F, line _____
 Schedule G _____
Ally Financial

Fill in this information to identify your case:

Debtor 1	Luis Amado Medina
Debtor 2 (Spouse, if filing)	Olga T Medina
United States Bankruptcy Court for the:	NORTHERN DISTRICT OF INDIANA
Case number (if known)	_____

Check if this is:

An amended filing
 A supplement showing postpetition chapter 13 income as of the following date:

MM / DD / YYYY

Official Form 106I**Schedule I: Your Income**

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Employment**1. Fill in your employment information.**

If you have more than one job, attach a separate page with information about additional employers.

Include part-time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

	Debtor 1	Debtor 2 or non-filing spouse
Employment status	<input type="checkbox"/> Employed <input checked="" type="checkbox"/> Not employed	<input type="checkbox"/> Employed <input type="checkbox"/> Not employed
Occupation	_____	Waitress
Employer's name	_____	Gino's Steakhouse
Employer's address	_____	3257 Main Street Portage, IN 46368

How long employed there? _____ **12 years**

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

	For Debtor 1	For Debtor 2 or non-filing spouse
2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.	2. \$ 0.00	\$ 4,120.72
3. Estimate and list monthly overtime pay.	3. +\$ 0.00	+\$ 0.00
4. Calculate gross income. Add line 2 + line 3.	4. \$ 0.00	\$ 4,120.72

Debtor 1 Luis Amado Medina
 Debtor 2 Olga T Medina

Case number (if known) _____

	For Debtor 1	For Debtor 2 or non-filing spouse
Copy line 4 here _____	4. \$ 0.00	\$ 4,120.72
5. List all payroll deductions:		
5a. Tax, Medicare, and Social Security deductions	5a. \$ 0.00	\$ 332.61
5b. Mandatory contributions for retirement plans	5b. \$ 0.00	\$ 0.00
5c. Voluntary contributions for retirement plans	5c. \$ 0.00	\$ 0.00
5d. Required repayments of retirement fund loans	5d. \$ 0.00	\$ 0.00
5e. Insurance	5e. \$ 0.00	\$ 0.00
5f. Domestic support obligations	5f. \$ 0.00	\$ 0.00
5g. Union dues	5g. \$ 0.00	\$ 0.00
5h. Other deductions. Specify: _____	5h.+ \$ 0.00	+ \$ 0.00
6. Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6. \$ 0.00	\$ 332.61
7. Calculate total monthly take-home pay. Subtract line 6 from line 4.	7. \$ 0.00	\$ 3,788.11
8. List all other income regularly received:		
8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a. \$ 0.00	\$ 0.00
8b. Interest and dividends	8b. \$ 0.00	\$ 0.00
8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c. \$ 0.00	\$ 0.00
8d. Unemployment compensation	8d. \$ 0.00	\$ 0.00
8e. Social Security	8e. \$ 0.00	\$ 0.00
8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: _____	8f. \$ 0.00	\$ 0.00
8g. Pension or retirement income	8g. \$ 0.00	\$ 0.00
8h. Other monthly income. Specify: _____	8h.+ \$ 0.00	+ \$ 0.00
9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9. \$ 0.00	\$ 0.00
10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. \$ 0.00 + \$ 3,788.11	= \$ 3,788.11
11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: _____	11. +\$ 0.00	
12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the <i>Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data</i> , if it applies	12. \$ 3,788.11	
13. Do you expect an increase or decrease within the year after you file this form?	<input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes. Explain: _____	
	Combined monthly income	

Fill in this information to identify your case:

Debtor 1	Luis Amado Medina
Debtor 2	Olga T Medina
(Spouse, if filing)	
United States Bankruptcy Court for the:	NORTHERN DISTRICT OF INDIANA
Case number (If known)	

Check if this is:

An amended filing
 A supplement showing postpetition chapter 13 expenses as of the following date:

MM / DD / YYYY

Official Form 106J**Schedule J: Your Expenses**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Your Household**1. Is this a joint case?**

No. Go to line 2.
 Yes. Does Debtor 2 live in a separate household?

 No Yes. Debtor 2 must file Official Form 106J-2, Expenses for Separate Household of Debtor 2.**2. Do you have dependents? No**Do not list Debtor 1 and
Debtor 2. Yes. Fill out this information for
each dependent.....Dependent's relationship to
Debtor 1 or Debtor 2Dependent's
ageDoes dependent
live with you?Do not state the
dependents names.**Daughter****11**

No
 Yes
 No
 Yes
 No
 Yes
 No
 Yes

**3. Do your expenses include
expenses of people other than
yourself and your dependents? No
 Yes****Part 2: Estimate Your Ongoing Monthly Expenses**

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental Schedule J, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on Schedule I: Your Income (Official Form 106I.)

4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.4. \$ **725.00****Your expenses****If not included in line 4:**

4a. Real estate taxes
 4b. Property, homeowner's, or renter's insurance
 4c. Home maintenance, repair, and upkeep expenses
 4d. Homeowner's association or condominium dues
 5. Additional mortgage payments for your residence, such as home equity loans

4a. \$	0.00
4b. \$	0.00
4c. \$	0.00
4d. \$	0.00
5. \$	0.00

Debtor 1 **Luis Amado Medina**
 Debtor 2 **Olga T Medina**

Case number (if known) _____

6. Utilities:

6a. Electricity, heat, natural gas	6a. \$ 150.00
6b. Water, sewer, garbage collection	6b. \$ 0.00
6c. Telephone, cell phone, Internet, satellite, and cable services	6c. \$ 0.00
6d. Other. Specify: Cable	6d. \$ 160.00
	\$ 300.00

Cell Phones**7. Food and housekeeping supplies****8. Childcare and children's education costs****9. Clothing, laundry, and dry cleaning****10. Personal care products and services****11. Medical and dental expenses****12. Transportation.** Include gas, maintenance, bus or train fare.

Do not include car payments.

13. Entertainment, clubs, recreation, newspapers, magazines, and books**14. Charitable contributions and religious donations****15. Insurance.**

Do not include insurance deducted from your pay or included in lines 4 or 20.

15a. Life insurance	15a. \$ 0.00
15b. Health insurance	15b. \$ 0.00
15c. Vehicle insurance	15c. \$ 280.00
15d. Other insurance. Specify: _____	15d. \$ 0.00

16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20.

Specify: _____

17. Installment or lease payments:

17a. Car payments for Vehicle 1	17a. \$ 697.00
17b. Car payments for Vehicle 2	17b. \$ 666.60
17c. Other. Specify: _____	17c. \$ 0.00
17d. Other. Specify: _____	17d. \$ 0.00

18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).**19. Other payments you make to support others who do not live with you.**

Specify: _____

20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.

20a. Mortgages on other property	20a. \$ 0.00
20b. Real estate taxes	20b. \$ 0.00
20c. Property, homeowner's, or renter's insurance	20c. \$ 0.00
20d. Maintenance, repair, and upkeep expenses	20d. \$ 0.00
20e. Homeowner's association or condominium dues	20e. \$ 0.00

21. Other: Specify: **Gym Membership**21. +\$ **40.00**

\$ 4,018.60
\$
\$ 4,018.60

22. Calculate your monthly expenses

22a. Add lines 4 through 21.
 22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2
 22c. Add line 22a and 22b. The result is your monthly expenses.

23. Calculate your monthly net income.

23a. Copy line 12 (your combined monthly income) from Schedule I.
 23b. Copy your monthly expenses from line 22c above.

23a. \$ 3,788.11
23b. -\$ 4,018.60
23c. \$ -230.49

23c. Subtract your monthly expenses from your monthly income.
 The result is your *monthly net income*.

24. Do you expect an increase or decrease in your expenses within the year after you file this form?

For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

 No. Yes.Explain here: **Wife will need to start paying student loans in March 2019**

Fill in this information to identify your case:

Debtor 1	Luis Amado Medina		
	First Name	Middle Name	Last Name
Debtor 2	Olga T Medina		
(Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	NORTHERN DISTRICT OF INDIANA		
Case number (if known)			

Check if this is an amended filing

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

 Sign Below

Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?

No

Yes. Name of person _____

Attach *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119)

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.

/s/ Luis Amado Medina

Luis Amado Medina
Signature of Debtor 1

Date March 6, 2019

/s/ Olga T Medina

Olga T Medina
Signature of Debtor 2

Date March 6, 2019

Fill in this information to identify your case:

Debtor 1	Luis Amado Medina		
	First Name	Middle Name	Last Name
Debtor 2	Olga T Medina		
(Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	NORTHERN DISTRICT OF INDIANA		
Case number (if known)			

Check if this is an amended filing

Official Form 107**Statement of Financial Affairs for Individuals Filing for Bankruptcy**

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Give Details About Your Marital Status and Where You Lived Before**1. What is your current marital status?**

Married
 Not married

2. During the last 3 years, have you lived anywhere other than where you live now?

No
 Yes. List all of the places you lived in the last 3 years. Do not include where you live now.

Debtor 1 Prior Address:

Dates Debtor 1
lived there

Debtor 2 Prior Address:

Dates Debtor 2
lived there**3. Within the last 8 years, did you ever live with a spouse or legal equivalent in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington and Wisconsin.)**

No
 Yes. Make sure you fill out *Schedule H: Your Codebtors* (Official Form 106H).

Part 2 Explain the Sources of Your Income**4. Did you have any income from employment or from operating a business during this year or the two previous calendar years?**

Fill in the total amount of income you received from all jobs and all businesses, including part-time activities.
 If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1.

No
 Yes. Fill in the details.

From January 1 of current year until the date you filed for bankruptcy:	Debtor 1		Debtor 2	
	Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.	Gross income (before deductions and exclusions)
	<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$0.00	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$8,533.25

Debtor 1 Luis Amado Medina
Debtor 2 Olga T Medina

Case number (if known) _____

	Debtor 1 Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Debtor 2 Sources of income Check all that apply.	Gross income (before deductions and exclusions)
For last calendar year: (January 1 to December 31, 2018)	<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$0.00	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$42,467.12
For the calendar year before that: (January 1 to December 31, 2017)	<input type="checkbox"/> Wages, commissions, bonuses, tips <input checked="" type="checkbox"/> Operating a business	\$5,122.00	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$45,867.00

5. Did you receive any other income during this year or the two previous calendar years?

Include income regardless of whether that income is taxable. Examples of *other income* are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1.

List each source and the gross income from each source separately. Do not include income that you listed in line 4.

No
 Yes. Fill in the details.

Debtor 1 Sources of income Describe below.	Gross income from each source (before deductions and exclusions)	Debtor 2 Sources of income Describe below.	Gross income (before deductions and exclusions)
--	---	--	---

Part 3: List Certain Payments You Made Before You Filed for Bankruptcy

6. Are either Debtor 1's or Debtor 2's debts primarily consumer debts?

No. Neither Debtor 1 nor Debtor 2 has primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,425* or more?

No. Go to line 7.
 Yes. List below each creditor to whom you paid a total of \$6,425* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

* Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.

Yes. Debtor 1 or Debtor 2 or both have primarily consumer debts.

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more?

No. Go to line 7.
 Yes. List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

Creditor's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Was this payment for ...
Ally Financial Attn: Bankruptcy Dept Po Box 380901 Bloomington, MN 55438	\$666.60 per month	\$1,999.80	\$16,523.00	<input type="checkbox"/> Mortgage <input checked="" type="checkbox"/> Car <input type="checkbox"/> Credit Card <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Other _____

Debtor 1 Luis Amado Medina
Debtor 2 Olga T Medina

Case number (if known)

Creditor's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Was this payment for ...
Santander Consumer USA Attn: Bankruptcy Po Box 961245 Fort Worth, TX 76161	697.00 per month	\$2,091.00	\$19,352.00	<input type="checkbox"/> Mortgage <input checked="" type="checkbox"/> Car <input type="checkbox"/> Credit Card <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Other _____

7. Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider?

Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony.

No
 Yes. List all payments to an insider.

Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for this payment
----------------------------	------------------	-------------------	----------------------	-------------------------

8. Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider?

Include payments on debts guaranteed or cosigned by an insider.

No
 Yes. List all payments to an insider

Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for this payment
----------------------------	------------------	-------------------	----------------------	-------------------------

Part 4: Identify Legal Actions, Repossessions, and Foreclosures

9. Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding?

List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes.

No
 Yes. Fill in the details.

Case title Case number	Nature of the case	Court or agency	Status of the case
Midland Funding v Olga T. Doukas 45D02-1901-CC-000722	Collection	Lake Superior Court Cause No: 45D02-1901-CC-000722 2293 N Main Street Crown Point, IN 46307	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
Auburn Meadow Terrace Homes v Olga T Medina 45D08-1704-SC-002627	Collection	Lake Superior Court Cause No: 45D08-1704-SC-002627 2293 N Main Street Crown Point, IN 46307	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
LVNV Funding/Resurgent Capital v Luis Amado Medina 45D09-1712-SC-004229	Collection	Lake Superior Court Cause No: 45D09-1712-SC-004229 2293 N Main Street Crown Point, IN 46307	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded

Debtor 1 Luis Amado Medina
Debtor 2 Olga T Medina

Case number (if known) _____

Case title Case number	Nature of the case	Court or agency	Status of the case
Leroy Davis v Olga T. Doukas 45D10-1707-CT-000129	Collection	Lake Superior Court Cause No: 45D10-1707-CT-000129 2293 N Main Street Crown Point, IN 46307	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded

10. Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied?
Check all that apply and fill in the details below.

No. Go to line 11.
 Yes. Fill in the information below.

Creditor Name and Address	Describe the Property	Date	Value of the property
	Explain what happened		

11. Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt?

No
 Yes. Fill in the details.

Creditor Name and Address	Describe the action the creditor took	Date action was taken	Amount

12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official?

No
 Yes

Part 5: List Certain Gifts and Contributions

13. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person?

No
 Yes. Fill in the details for each gift.

Gifts with a total value of more than \$600 per person	Describe the gifts	Dates you gave the gifts	Value
Person to Whom You Gave the Gift and Address:			

14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity?

No
 Yes. Fill in the details for each gift or contribution.

Gifts or contributions to charities that total more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Code)	Describe what you contributed	Dates you contributed	Value

Part 6: List Certain Losses

15. Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling?

No
 Yes. Fill in the details.

Describe the property you lost and how the loss occurred	Describe any insurance coverage for the loss Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property.	Date of your loss	Value of property lost

Part 7: List Certain Payments or Transfers

16. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you

Official Form 107 Statement of Financial Affairs for Individuals Filing for Bankruptcy

page 4

Debtor 1 Luis Amado Medina
Debtor 2 Olga T Medina

Case number (if known)

consulted about seeking bankruptcy or preparing a bankruptcy petition?

Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy.

No
 Yes. Fill in the details.

Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not You	Description and value of any property transferred	Date payment or transfer was made	Amount of payment
Law Offices of Moseley & Martinez, LLC 1559 E 85th Ave Merrillville, IN 46410 office@mm-bklaw.com N/A	\$ 1,199.00 Attorney Fees \$ 335.00 Filing Fee \$ 80.00 Credit Reports	October 2018 through February 2019	\$1,614.00
Debtorcc, Inc. 378 Summit Avenue. Jersey City, NJ 07306 https://debtorcc.org N/A	Pre-Filing Credit Counseling Course(s) (\$14.95)	February 11, 2019	\$14.95

17. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors?
Do not include any payment or transfer that you listed on line 16.

No
 Yes. Fill in the details.

Person Who Was Paid Address	Description and value of any property transferred	Date payment or transfer was made	Amount of payment

18. Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs?

Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement.

No
 Yes. Fill in the details.

Person Who Received Transfer Address	Description and value of property transferred	Describe any property or payments received or debts paid in exchange	Date transfer was made
Person's relationship to you			

19. Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called asset-protection devices.)

No
 Yes. Fill in the details.

Name of trust	Description and value of the property transferred	Date Transfer was made

Part 8: List of Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units

20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions.

No
 Yes. Fill in the details.

Name of Financial Institution and Address (Number, Street, City, State and ZIP Code)	Last 4 digits of account number	Type of account or instrument	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer

Debtor 1 Luis Amado Medina
Debtor 2 Olga T Medina

Case number (if known) _____

Name of Financial Institution and Address (Number, Street, City, State and ZIP Code)	Last 4 digits of account number	Type of account or instrument	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
Chase Bank PO Box 15298 Wilmington, DE 19850	XXXX-	<input type="checkbox"/> Checking <input checked="" type="checkbox"/> Savings <input type="checkbox"/> Money Market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other _____	October 2018	\$150.00

21. Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables?

No
 Yes. Fill in the details.

Name of Financial Institution Address (Number, Street, City, State and ZIP Code)	Who else had access to it? Address (Number, Street, City, State and ZIP Code)	Describe the contents	Do you still have it?
---	--	-----------------------	-----------------------

22. Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy?

No
 Yes. Fill in the details.

Name of Storage Facility Address (Number, Street, City, State and ZIP Code)	Who else has or had access to it? Address (Number, Street, City, State and ZIP Code)	Describe the contents	Do you still have it?
--	---	-----------------------	-----------------------

Part 9: Identify Property You Hold or Control for Someone Else

23. Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone.

No
 Yes. Fill in the details.

Owner's Name Address (Number, Street, City, State and ZIP Code)	Where is the property? (Number, Street, City, State and ZIP Code)	Describe the property	Value
--	--	-----------------------	-------

Part 10: Give Details About Environmental Information

For the purpose of Part 10, the following definitions apply:

- Environmental law** means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.
- Site** means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.
- Hazardous material** means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term.

Report all notices, releases, and proceedings that you know about, regardless of when they occurred.

24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law?

No
 Yes. Fill in the details.

Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	Environmental law, if you know it	Date of notice
--	---	-----------------------------------	----------------

Debtor 1 Luis Amado Medina
 Debtor 2 Olga T Medina

Case number (if known)

25. Have you notified any governmental unit of any release of hazardous material?

No
 Yes. Fill in the details.

Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	Environmental law, if you know it	Date of notice
--	---	-----------------------------------	----------------

26. Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.

No
 Yes. Fill in the details.

Case Title Case Number	Court or agency Name Address (Number, Street, City, State and ZIP Code)	Nature of the case	Status of the case
---------------------------	---	--------------------	--------------------

Part 11: Give Details About Your Business or Connections to Any Business

27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business?

A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time
 A member of a limited liability company (LLC) or limited liability partnership (LLP)
 A partner in a partnership
 An officer, director, or managing executive of a corporation
 An owner of at least 5% of the voting or equity securities of a corporation
 No. None of the above applies. Go to Part 12.
 Yes. Check all that apply above and fill in the details below for each business.

Business Name Address (Number, Street, City, State and ZIP Code)	Describe the nature of the business Name of accountant or bookkeeper	Employer Identification number Do not include Social Security number or ITIN.
STR82YOU, LLC 940 Cypress Point Crown Point, IN 46307	On Demand Delevery Precise Financial Services, Inc. 2824 173rd Street Hammond, IN 46323	Dates business existed EIN: 47-4899987
5 Star Expediting and Delivery, LLC 940 Cypress Point Crown Point, IN 46307	Trucking Precise Financial Services, Inc. 2824 173rd Street Hammond, IN 46323	From-To November 2015 until September 2017 EIN: 46-5274767
Star Trucking, LLC 940 Cypress Point Crown Point, IN 46307	Trucking Precise Financial Services, Inc. 2824 173rd Street Hammond, IN 46323	From-To December 2011 until October 2015 EIN: 46-1243847
		From-To December 2011 until December 2013 EIN: 46-1243847

28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties.

No
 Yes. Fill in the details below.

Name Address (Number, Street, City, State and ZIP Code)	Date Issued
---	-------------

Debtor 1 **Luis Amado Medina**
Debtor 2 **Olga T Medina**

Case number (if known) _____

Part 12: Sign Below

I have read the answers on this *Statement of Financial Affairs* and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both.
18 U.S.C. §§ 152, 1341, 1519, and 3571.

/s/ Luis Amado Medina
Luis Amado Medina
 Signature of Debtor 1

/s/ Olga T Medina
Olga T Medina
 Signature of Debtor 2

Date March 6, 2019Date March 6, 2019

Did you attach additional pages to *Your Statement of Financial Affairs for Individuals Filing for Bankruptcy* (Official Form 107)?

No
 Yes

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

No
 Yes. Name of Person _____. Attach the *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119).

Fill in this information to identify your case:

Debtor 1	Luis Amado Medina		
	First Name	Middle Name	Last Name
Debtor 2	Olga T Medina		
(Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	NORTHERN DISTRICT OF INDIANA		
Case number (if known)			

Check if this is an amended filing

Official Form 108

Statement of Intention for Individuals Filing Under Chapter 7

12/15

If you are an individual filing under chapter 7, you must fill out this form if:

- creditors have claims secured by your property, or
- you have leased personal property and the lease has not expired.

You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of creditors, whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list on the form

If two married people are filing together in a joint case, both are equally responsible for supplying correct information. Both debtors must sign and date the form.

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

Part 1: List Your Creditors Who Have Secured Claims

1. For any creditors that you listed in Part 1 of Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D), fill in the information below.

Identify the creditor and the property that is collateral	What do you intend to do with the property that secures a debt?	Did you claim the property as exempt on Schedule C?
---	---	---

Creditor's name:

Ally Financial

name:

Description of property securing debt:

2014 Chevrolet Impala 135,000 miles
Location: 940 Cypress Point Drive, Bldg D 102, Crown Point IN 46307

Surrender the property.

No

Retain the property and redeem it.

Yes

Retain the property and enter into a Reaffirmation Agreement.

Retain the property and [explain]:

Part 2: List Your Unexpired Personal Property Leases

For any unexpired personal property lease that you listed in Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G), fill in the information below. Do not list real estate leases. Unexpired leases are leases that are still in effect; the lease period has not yet ended. You may assume an unexpired personal property lease if the trustee does not assume it. 11 U.S.C. § 365(p)(2).

Describe your unexpired personal property leases

Will the lease be assumed?

Lessor's name:

No

Description of leased Property:

Yes

Lessor's name:

No

Description of leased Property:

Yes

Debtor 1 **Luis Amado Medina**
 Debtor 2 **Olga T Medina**

Case number (if known) _____

Lessor's name:
 Description of leased
 Property:

 No Yes

Lessor's name:
 Description of leased
 Property:

 No Yes**Part 3: Sign Below**

Under penalty of perjury, I declare that I have indicated my intention about any property of my estate that secures a debt and any personal property that is subject to an unexpired lease.

X /s/ Luis Amado Medina**Luis Amado Medina**

Signature of Debtor 1

X /s/ Olga T Medina**Olga T Medina**

Signature of Debtor 2

Date March 6, 2019Date March 6, 2019

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy,
and

Your debts are primarily consumer debts.
Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

Chapter 7: Liquidation

\$245 filing fee

\$75 administrative fee

+ \$15 trustee surcharge

\$335 total fee

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A-1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A-2).

If your income is above the median for your state, you must file a second form—the *Chapter 7 Means Test Calculation* (Official Form 122A-2). The calculations on the form—sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

\$1,167	filing fee
+ \$550	administrative fee
\$1,717 total fee	

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

+	\$	200		filing fee
				\$75 administrative fee
				\$275 total fee

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

+	\$	235		filing fee
				\$75 administrative fee
				\$310 total fee

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

- domestic support obligations,
- most student loans,
- certain taxes,
- debts for fraud or theft,
- debts for fraud or defalcation while acting in a fiduciary capacity,
- most criminal fines and restitution obligations,
- certain debts that are not listed in your bankruptcy papers,
- certain debts for acts that caused death or personal injury, and
- certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to:

http://www.uscourts.gov/bkforms/bankruptcy_form_s.html#procedure.

Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days **before** you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://justice.gov/ust/eo/hapcpa/ccde/cc_approved.html

In Alabama and North Carolina, go to:

<http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCreditAndDebtCounselors.aspx>.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

United States Bankruptcy Court
Northern District of Indiana

In re **Luis Amado Medina**
Olga T Medina

Debtor(s)

Case No.

Chapter

7

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S)

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept	\$ 1,199.00
Prior to the filing of this statement I have received	\$ 1,199.00
Balance Due	\$ 0.00

2. The source of the compensation paid to me was:

Debtor Other (specify):

3. The source of compensation to be paid to me is:

Debtor Other (specify):

4. I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation is attached.

5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;
- c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
- d. [Other provisions as needed]

Negotiations with secured creditors to reduce to market value; exemption planning; preparation and filing of reaffirmation agreements and applications as needed; preparation and filing of motions pursuant to 11 USC 522(f)(2)(A) for avoidance of liens on household goods.

6. By agreement with the debtor(s), the above-disclosed fee does not include the following service:

Representation of the debtors in any dischargeability actions, judicial lien avoidances, relief from stay actions or any other adversary proceeding.

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

March 6, 2019

Date

/s/ Daniel W. Matern

Daniel W. Matern 18784-64

Signature of Attorney

Law Offices of Moseley & Martinez, LLC

1559 E. 85th Ave.

Merrillville, IN 46410

219-472-8391 Fax: 219-472-8394

office@mm-bklaw.com

Name of law firm

(6/2010)

United States Bankruptcy Court
Northern District of Indiana

In re **Luis Amado Medina**
Olga T Medina

Debtor(s)

Case No.
Chapter

7

VERIFICATION OF CREDITOR MATRIX

The above-named debtor(s) verifies under penalty of perjury that the attached list of creditors is true and correct to the best of his/her knowledge.

Date: **March 6, 2019**

/s/ Luis Amado Medina

Luis Amado Medina

Signature of Debtor

Date: **March 6, 2019**

/s/ Olga T Medina

Olga T Medina

Signature of Debtor

AARON MITCHELL
3257 MAY STREET
PORTAGE, IN 46368

ACA INTERNATIONAL
4040 W 70TH STREET
MINNEAPOLIS, MN 55435

ACCEPTANCE NOW
ATTN: ACCEPTANCENOW CUSTOMER SERVICE / B
5501 HEADQUARTERS DR
PLANO, TX 75024

ACCEPTANCE NOW
ATTN: ACCEPTANCENOW CUSTOMER SERVICE / B
5501 HEADQUARTERS DR
PLANO, TX 75024

ADVANCE FFCU
4035 ALDER ST
EAST CHICAGO, IN 46312

ADVANCED REPRODUCTIVE HEALTH LTD
2282 MOMENTUM PLACE
STE 10
CHICAGO, IL 60689-5322

ALBERT'S DIAMOND JEW
771 MAIN
SCHERERVILLE, IN 46375

ALBERT'S DIAMOND JEW
771 MAIN
SCHERERVILLE, IN 46375

ALL AMERICAN PUBLISHING
5411 KENDALL STREET
BOISE, ID 83706

ALL STATE
PO BOX 218
CAMBY, IN 46113-0218

ALL STATE INSURANCE CO
C/O AARON M. COOK
8585 BROADWAY
SUITE 700
MERRILLVILLE, IN 46410-7064

ALLIEDINTERSTATE LLC
PO BOX 361445
COLUMBUS, OH 43236

ALLSTATE INDEMNITY COMPANY
PO BOX 218
CAMBY, IN 46113-0218

ALLTRAN FINANCIAL, LP
PO BOX 610
SAUK RAPIDS, MN 56379

ALLTRAN FINANCIAL, LP
PO BOX 610
SAUK RAPIDS, MN 56379

ALLTRAN FINANCIAL, LP
PO BOX 610
SAUK RAPIDS, MN 56379

ALLY FINANCIAL
ATTN: BANKRUPTCY DEPT
PO BOX 380901
BLOOMINGTON, MN 55438

ALLY FINANCIAL
ATTN: BANKRUPTCY DEPT
PO BOX 380901
BLOOMINGTON, MN 55438

ALLY FINANCIAL
ATTN: BANKRUPTCY DEPT
PO BOX 380901
BLOOMINGTON, MN 55438

AMERICAN CORADIUS INTERNATIONAL LLC
2420 SWEET HOME RD.
SUITE 150
BUFFALO, NY 14228

AMERICAN MARKETING & PUBLISHING
915 EAST LINCOLN HIGHWAY
P.O. BOX 801
DEKALB, IL 60115

ARNOLD SCOTT HARRIS, PC
111 WEST JACKSON BLVD., SUITE 600
CHICAGO, IL 60604

ARNOLD SCOTT HARRIS, PC
111 WEST JACKSON BLVD., SUITE 600
CHICAGO, IL 60604

ARNOLD SCOTT HARRIS, PC
111 WEST JACKSON BLVD
SUITE 600
CHICAGO, IL 60654

ATTORNEY JOHN FREDERICK GILLESPIE
P.O. BOX 70069
LOUISVILLE, KY 40270

AUBURN MEADOW TERRACE HOMES
1310 N. ROSELLE RD
SCHAUMBURG, IL 60195

BAY AREA CREDIT SERVICE
P.O. BOX 467600
ATLANTA, GA 31146

BIG PICTURE LOANS
ATTN: CUSTOMER SUPPORT
PO BOX 704
WATERSMEET, MI 49969

BRENNAN & CLARK
721 E MADISON
SUITE 200
VILLA PARK, IL 60181

BROWN & JOSEPH LTD
PO BOX 59838
SCHAUMBURG, IL 60159-0838

BURKE COSTANZA & CARBERRY
9191 BROADWAY
C/O CHAD W NALLY
MERRILLVILLE, IN 46410

CAPITAL ONE NA
ATTN: GENERAL CORRESPONDENCE/BANKRUPTCY
PO BOX 30285
SALT LAKE CITY, UT 84130

CDA/PONTIAC
ATTN: BANKRUPTCY
PO BOX 213, 415 E MAIN STREET
STREATOR, IL 61364

CHASE BANK
PO BOX 183164
COLUMBUS, OH 43218-3164

CITIBANK/SEARS
ATTN: BANKRUPTCY
PO BOX 6275
SIOUX FALLS, SD 57117

CITY OF CHICAGO DEPT OF FINANCE
PO BOX 88292
CHICAGO, IL 60680

CITY OF CHICAGO DEPT OF FINANCE
PO BOX 88292
CHICAGO, IL 60680

CITY OF CHICAGO DEPT OF FINANCE
PO BOX 88292
CHICAGO, IL 60680

COMENITY BANK/EXPRESS
ATTN: BANKRUPTCY DEPT
PO BOX 182125
COLUMBUS, OH 43218

COMENITY BANK/VICTORIA SECRET
ATTN: BANKRUPTCY DEPT
PO BOX 182125
COLUMBUS, OH 45318

CONVERGENT OUTSOURCING, INC.
800 SW 39TH ST./ PO BOX 9004
RENTON, WA 98057

CORNERSTONE/AMERICAN EDUCATION SERVICES
ATTN: BANKRUPTCY
PO BOX 2461
HARRISBURG, PA 17105

CORNERSTONE/AMERICAN EDUCATION SERVICES
ATTN: BANKRUPTCY
PO BOX 2461
HARRISBURG, PA 17105

CREDIT COLLECTION SERVICES
725 CANTON STREET
NORWOOD, MA 02062

CREDIT ONE BANK
ATTN: BANKRUPTCY
PO BOX 98873
LAS VEGAS, NV 89193

CREDIT ONE BANK
ATTN: BANKRUPTCY
PO BOX 98873
LAS VEGAS, NV 89193

CT LIEN SOLUTIONS
P.O. BOX 29071
GLENDALE, CA 91209-9071

DENISE MARIE HALLETT
P.O. BOX 757
HOBART, IN 46342

DIVERSIFIED CONSULTANTS, INC.
PO BOX 551268
JACKSONVILLE, FL 32255

EDFINANCIAL SERVICES
ATTN: BANKRUPTCY
PO BOX 36008
KNOXVILLE, TN 37930

EDFINANCIAL SERVICES
ATTN: BANKRUPTCY
PO BOX 36008
KNOXVILLE, TN 37930

ELEVATE RECOVERIES, LLC
PO BOX 910009
SHERMAN, TX 75091

EMERGENCY CARE ASSOCIATES OF INDIANA
1710 LAFAYETTE ROAD
CRAWFORDSVILLE, IN 47933

ENTERPRISE RENT-A-CAR
PO BOX 405738
ATLANTA, GA 30384

EOS CCA
700 LONGWATER DRIVE
NORWELL, MA 02061

FBCS, INC.
330 S. WARMINSTER RD. SUITE 353
HATBORO, PA 19040

FIFTH THIRD BANK

FIFTH THIRD BANK
56 S. WASHINGTON
VALPARAISO, IN 46383

FINGERHUT
ATTN: BANKRUPTCY
PO BOX 1250
SAINT CLOUD, MN 56395

FIRST DATA
3975 NW 120TH AVENUE
CORAL SPRINGS, FL 33065

FIRST DATA GLOBAL LEASING
5565 GLENRIDGE
CONNECTOR NE
SUITE 2000
ATLANTA, GA 30342

FIRST DATA REPORTING SERVICES LLC
PO BOX 6604
HAGERSTOWN, MD 21741-6604

FIRST PREMIER BANK
ATTN: BANKRUPTCY
PO BOX 5524
SIOUX FALLS, SD 57117

FIRST PREMIER BANK
ATTN: BANKRUPTCY
PO BOX 5524
SIOUX FALLS, SD 57117

FIRST PREMIER BANK
ATTN: BANKRUPTCY
PO BOX 5524
SIOUX FALLS, SD 57117

FIRST PREMIER BANK
900 W DELAWARE
PO BOX 5519
SIOUX FALLS, SD 57117

FRANCISCAN ALLIANCE
26084 NETWORK PLACE
CHICAGO, IL 60673

FRANCISCAN ST. ANTHONY HOSPITAL

FRONTLINE ASSET STRATEGIES
2700 SNELLING AVE. N, SUITE 250
SAINT PAUL, MN 55113

GEORGE C PATRICK
706 MERRILLVILLE RD
CROWN POINT, IN 46307

GLEN LERNER INJURY ATTORNEYS, PLLC
1000 WEST LAKE STREET
C/O KALEEN WYNEGAR
CHICAGO, IL 60607

GLOBAL TRUST MANAGEMENT, LLC
4805 W LAUREL STREET SUITE 300
TAMPA, FL 33607

GREGORY A BRUMFIELD

HARRIS & HARRIS, LTD.
111 WEST JACKSON BOULEVARD, SUITE 400
CHICAGO, IL 60604-4135

HOD & DAV
8700 BROADWAY
MERRILLVILLE, IN 46410

Homepage Directories
721 E. MADISON
SUITE 200
VILLA PARK, IL 60181

HSN, LLC
1200 WILSON DRIVE
WEST CHESTER, PA 19380

HUNTER WARFIELD
COLLECTIONS - ASSET INVESTIGATION
4620 WOODLAND CORPORATE DRIVE
TAMPA, FL 33614

ILLINOIS TOLLWAY
P.O. BOX 5544
CHICAGO, IL 60680-5544

IMPERIAL PFS CORPORATION
30 MONTGOMERY STREET SUITE 1000
JERSEY CITY, NJ 07302

IN TAX AMNESTY
P.O. BOX 516
MUNCIE, IN 47308-0516

INDIANA ATTORNEY GENERAL
302 W. WASHINGTON ST. SOUTH
FIFTH FLOOR
INDIANAPOLIS, IN 46204

INDIANA DEPARTMENT OF REVENUE
PO BOX 0595
INDIANAPOLIS, IN 46206

INDIANA DEPARTMENT OF REVENUE
BANKRUPTCY SECTION, N-203
100 NORTH SENATE
ROOM N240, MS 108
INDIANAPOLIS, IN 46201

IRS
CENTRALIZED INSOLVENCY OPERATION
PO BOX 21126
PHILADELPHIA, PA 19114-0326

JAMES C YANKOSKY
203 E BERRY STREET
FORT WAYNE, IN 46802

JARED/STERLING JEWELERS
ATTN: BANKRUPTCY
PO BOX 3680
AKRON, OH 44309

JEFFERSON CAPITAL SYSTEMS
16 MCLELAND ROAD
SAINT CLOUD, MN 56303

JEFFERSON CAPITAL SYSTEMS, LLC
16 MCLELAND ROAD
SAINT CLOUD, MN 56303

JON MAZZOLI

JP MORGAN CHASE BANK, N.A.
350 S. CLEVELAND AVE. FL2
P.O. BOX 29505 AZ1-1191
WESTERVILLE, OH 43081-8917

LAKE COUNTY CHILD SUPP
400 BROADWAY
GARY, IN 46402

LAKE SUPERIOR COURT
CAUSE NO:
2293 N MAIN STREET
CROWN POINT, IN 46307

LAKE SUPERIOR COURT
CAUSE NO: 45D02-1901-CC-000722
2293 N MAIN STREET
CROWN POINT, IN 46307

LAKE SUPERIOR COURT
CAUSE NO: 45D08-1704-SC-002627
2293 N MAIN STREET
CROWN POINT, IN 46307

LAKE SUPERIOR COURT
CAUSE NO: 45D10-1707-CT-000129
2293 N MAIN STREET
CIVIL DIVISION 6
CROWN POINT, IN 46307

LENDINGCLUB
ATTN: BANKRUPTCY
71 STEVENSON ST, STE 1000
SAN FRANCISCO, CA 94105

LEROY DAVIS C/O SHELICE ROMONA TOLBERT
1085 BROADWAY STE B
GARY, IN 46402

LVNV FUNDING/RESURGENT CAPITAL
ATTN: BANKRUPTCY
PO BOX 10497
GREENVILLE, SC 29603

LVNV FUNDING/RESURGENT CAPITAL
ATTN: BANKRUPTCY
PO BOX 10497
GREENVILLE, SC 29603

LVNV FUNDING/RESURGENT CAPITAL
ATTN: BANKRUPTCY
PO BOX 10497
GREENVILLE, SC 29603

LVNV FUNDING/RESURGENT CAPITAL
ATTN: BANKRUPTCY
PO BOX 10497
GREENVILLE, SC 29603

MARY ANN SANDIFER
45TH & PIERCE STREETS
GARY, IN

MASON SHOE COMPANY
1251 1ST AVENUE
CHIPPEWA FALLS, WI 54729

MCA RECOVERY LLC
17 STATE STREET SUITE 4000
NEW YORK, NY 10004

MCCARTHY BURGESS & WOLFF
26000 CANNON ROAD
BEDFORD, OH 44146

MCCARTHY BURGESS & WOLFF
26000 CANNON ROAD
BEDFORD, OH 44146

MERRICK BANK/CARDWORKS
ATTN: BANKRUPTCY
PO BOX 9201
OLD BETHPAGE, NY 11804

MIDLAND CREDIT MANAGEMENT
2365 NORTHSIDE DR
SUITE 300
SAN DIEGO, CA 92108

MIDLAND FUNDING
2365 NORTHSIDE DR STE 300
SAN DIEGO, CA 92108

MIDWEST CARP
680 UNION ST
HOBART, IN 46342

MINTEX, INC.
PO BOX 7700
CHICAGO, IL 60680

MIRAMED REVENUE GROUP
ATTN: BANKRUPTCY
360 EAST 22ND STREET
LOMBARD, IL 60148

MIRAMED REVENUE GROUP
DEPT 77304
PO BOX 77000
DETROIT, MI 48277

MOBIL LOANS LLC
PO BOX 1409
MARKSVILLE, TX 75135-1000

MOBILLOANSLLC
P.O. BOX 1409
MARKSVILLE, LA 71351

MONARCH RECOVERY MANAGEMENTS, INC
3260 TILLMAN DRIVE SUITE 75
BENSALEM, PA 19020

MUNICIPAL COLLECTION SERVICES
PO BOX 327
PALOS HEIGHTS, IL 60463-0327

NATIONAL ENTERPRISE SYSTEMS
2479 EDISON BLVD., UNIT A
TWINSBURG, OH 44087

NORTHSORE HEALTH CENTERS
PO BOX 1430
PORTAGE, IN 46368

NORTHSTART LOCATION SERVICES, LLC
ATTN: FINANCIAL SERVICES DEPT
4285 GENESEE ST
CHEEKTOWAGA, NY 14225

NPRTO NORTH-EAST, LLC
256 W. DATA DRIVE
DRAPER, UT 84020

ON DECK CAPITAL, INC.
1400 BROADWAY
NEW YORK, NY 10018

ONEMAIN FINANCIAL
ATTN: BANKRUPTCY
601 NW 2ND STREET
EVANSVILLE, IN 47708

ONEMAIN FINANCIAL
ATTN: BANKRUPTCY
601 NW 2ND STREET
EVANSVILLE, IN 47708

PAYPAL CREDIT
PO BOX 105658
ATLANTA, GA 30348-5658

PEARL CAPITAL
525 WASHINGTON BLVD 22ND FLOOR
JERSEY CITY, NJ 07310

PENDRICK CAPITAL PARTNERS II LLC
1714 HOLLINWOOD DR.
ALEXANDRIA, VA 22307

PENDRICK CAPITAL PARTNERS II LLC
1714 HOLLINWOOD DR.
ALEXANDRIA, VA 22307

PORTFOLIO RECOVERY
PO BOX 41021
NORFOLK, VA 23541

PREMIER BANKCARD, LLC

PREMIERE CREDIT OF NORTH AMERICA LLC
PO BOX 19309
INDIANAPOLIS, IN 46219

PROFESSIONAL ACCOUNT MANAGEMENT LLC
PO BOX 391
MILWAUKEE, WI 53201

PROFESSIONAL ACCOUNT MANAGEMENT LLC
PO BOX 698
MILWAUKEE, WI 53201

PROFESSIONAL ACCOUNT MANAGEMENT LLC
PO BOX 698
MILWAUKEE, WI 53201

PROFESSIONAL ACCOUNT MANAGEMENT LLC
PO BOX 698
MILWAUKEE, WI 53201

PROFESSIONAL ACCOUNT MANAGEMENT LLC
PO BOX 698
MILWAUKEE, WI 53201

PROGRESSIVE
256 WEST DATA DRIVE
DRAPER, UT 84020

PROVIDENT FUNDING INC.
P.O. BOX 513738
LOS ANGELES, CA 90051-3738

QVC, INC.
1200 WILSON DRIVE
WEST CHESTER, PA 19380

RADIUS GLOBAL SOLUTIONS
PO BOX 390905
MINNEAPOLIS, MN 55439

RESURGENT
CARE OF RESURGENT CAPITAL SERV
GREENVILLE, SC 29602

RESURGENT CAPITAL SERVICES
P.O. BOX 10497
GREENVILLE, SC 29603-0497

RETRIEVAL-MASTERS CREDITORS BUREAU, INC
4 WESTCHESTER PLAZA
SUITE 110
ELMSFORD, NY 10523

RUSHMORE SERVICE CENTER
PO BOX 5508
SIOUX FALLS, SD 57117

SANTANDER CONSUMER USA
ATTN: BANKRUPTCY
PO BOX 961245
FORT WORTH, TX 76161

SCHILLER PARK- RED LIGHT TICKET

SHERIFF OF LAKE COUNTY
CIVIL DIVISON
RE WARRANT #
CROWN POINT, IN 46307

SHERIFF OF LAKE COUNTY
CIVIL DIVISON
RE WARRANT #
CROWN POINT, IN 46307

SHERIFF OF LAKE COUNTY
CIVIL DIVISON
RE WARRANT #
CROWN POINT, IN 46307

SHERIFF OF LAKE COUNTY CIVIL DIVISION
2293 N. MAIN STREET
CROWN POINT, IN 46307

SHERMAN ORIGINATOR III LLC
200 MEETING ST
CHARLESTON, SC 29401

SKYWAY CONCESSION COMPANY LLC
8801 SOUTH ANTHONY AVE
CHICAGO, IL 60617

SONNENSCHEIN FINANCIAL SERVICES, INC.
2 TRANS AM
SUITE 300
VILLA PARK, IL 60181

SOUTHWEST CREDIT
4120 INTERNATIONAL PARKWAY
STE 1100
CARROLLTON, TX 75007

STATE FARM CLAIMS
P.O. BOX 52282
PHOENIX, AZ 85072

STATE OF SC COUNTY OF CHARLESTON

STENGER & STENGER
2618 E PARIS AVE SE
GRAND RAPIDS, MI 49546

STERLING JEWELERS, INC.
ATTN: BANKRUPTCY
PO BOX 1799
AKRON, OH 44309

STERLING JEWELERS, INC.
ATTN: BANKRUPTCY
PO BOX 1799
AKRON, OH 44309

STONEBERRY
PO BOX 2820
MONROE, WI 53566-8020

SYNCHRONY BANK/ JC PENNEYS
ATTN: BANKRUPTCY DEPT
PO BOX 965060
ORLANDO, FL 32896

SYNCHRONY BANK/ OLD NAVY
ATTN: BANKRUPTCY DEPT
PO BOX 965060
ORLANDO, FL 32896

SYNCHRONY BANK/WALMART
ATTN: BANKRUPTCY DEPT
PO BOX 965060
ORLANDO, FL 32896

T-MOBILE
PO BOX 742596
CINCINNATI, OH 45274

T-MOBILE

TOLBERT & TOLBERT
1085 BROADWAY STE B
GARY, IN 46402

TRANSWORLD SYSTEMS INC
9525 SWEET VALLEY DRIVE
CLEVELAND, OH 44125

UCC FINANCE

UPLINK
430 WATERFALL DRIVE
ELKHART, IN 46516

VAN RU CREDIT CORPORATION
4839 N. ELSTON AVE
CHICAGO, IL 60630

VILLAGE OF LYNWOOD, ILLINOIS
75 REMITTANCE DRIVE
SUITE 6658
CHICAGO, IL 60675

VILLAGE OF SCHILLER PARK, ILLINOIS
PO BOX 577
BEDFORD PARK, IL 60499-0577

VITAL RECOVERY SERVICES
PO BOX 923748
PEACHTREE CORNERS, GA 30010-3748

WEBBANK
215 SOUTH STATE STREET, SUITE 800
SALT LAKE CITY, UT 84111

WILL COUNTY CIRCUIT COURT
14 W JEFFERSON STREET
CASE NO: 10D2172
JOLIET, IL 60432

YELLOWSTONE CAPITAL, LLC
1 EVERTRUST PLAZA
JERSEY CITY, NJ 07302

ZENITH FINANCIAL NETWORK INC.
1489 W. PALMETTO PARK RD. SUITE 360
BOCA RATON, FL 33486-3326

ZURICH NORTH AMERICA
PO BOX 59838
SCHAUMBURG, IL 60159-0838